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Research Article

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Cardiac Transfer of SARS-CoV-2 Spike Protein Circulation Techniques — Medicine Induced Hemodialysis on "Vaccinated" Immune Attacks

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Abstract

Background: *The research reports on a medical case of SARS-CoV-2 vaccinated patient. With the SARS-CoV's Spike 2 (S2) protein sharing similar helix structure with HIV-1 gp41, the patient experienced severe immune system responses one year after the third dose of Kexing recombined vaccines.*

Methods: *The author conceived a medicine induced hemodialysis technique according to the patient's symptoms, and implemented after emergent treatments. Indicators from the patient's emergent treatments corroborate with the initial prescription's validity.*

Results: *The clinical case validates the medicine induced hemodialysis method in treating SARS-CoV(-2)-related early symptoms in reducing irreversible damages to humans, depending on individual clinical cases.*

Conclusions: *The clinical case along with literature review suggests SARS-CoV series are compound virus unlikely from natural origins. It is inferred to have spread in mainland China at least back to the 1990s, and possibly a result from nuclear tests. The downplay of SARS-CoV-2's S2 protein and epidemiological varieties could have led to the global vaccine mandates, and the damages to human immune system need to be further researched into. The research concludes that SARS-CoV evidenced PRC's transgressions to the 1948 Geneva Conventions, which is the reason that the regime and its ruling party are systematically and willfully lying to the society and global institutions.*

Keywords: Crime Against Humanity, Immune Infection, Myocarditis, Neural Infection, Pericarditis, Sars-Cov, Spike Protein, Vaccination

Background

In laboratory histopathology of the SARS-CoV-2 ancestral and Delta strains, the K18-hACE2 mice's infection concentration was with the lung, brain, intestine, and kidney, and the earlier original strain SARS-CoV's S2 proteins share similar helix structure with HIV-1 gp41 [1-3]. The membrane fusion mechanism corresponds with SARS-CoV-2's endocytosis characteristics even though the epidemiological orientated study only focused on S protein and not S2 [4]. The infection distributions and S2 protein suggest human pathogen can be contributed by viral immune attacks and lymphatic system allergic reactions, worsening the influenza side-effects from the virus. Lung infections in humans start with the lymph connection, and the whole lung infection with white lung medical imaging can be resulted from major contribution of immune attacks instead of the side-effect symptoms.

With the pathogen diagnosis, the clinical case causally started with the author himself, who was injected the third doze of Kexing recombined "vaccines" on July 13, 2021. The emergency case could have been contributed by Omicron due to the author's 89-year-old unvaccinated maternal grandmother's symptoms of fever and coughing after returning from the nursing home that also infected the author's "vaccinated" mother with side-effect symptoms, or the "vaccine" side-effects contributed by the S2 protein, or a combination of both. The patient (author) experienced momentary heart strikes during Dec 2022 on a frequency of approximately once or twice a week, and the from the symptoms the author prescribed himself with angiotensin converting enzyme inhibitors (ACEI) and beta-blockers. Due to the PRC regime restrictions on prescription drugs, the author used Nifedipine Controlled-release Tablets on Jan 2, 2023 after the initial home blood pressure testing, from his maternal grandmother's prescription drugs, to prevent acute myocarditis from arising, after discussions with his retired medical doctor aunt who has extensive clinical experiences during the 2002-2003 SARS-CoV outbreak in PRC. Tab. 1 is the monitored effects from the emergency treatment process, where the first entry is retrieved from memory and the later entries were from photographed results for monitoring and record-keeping.

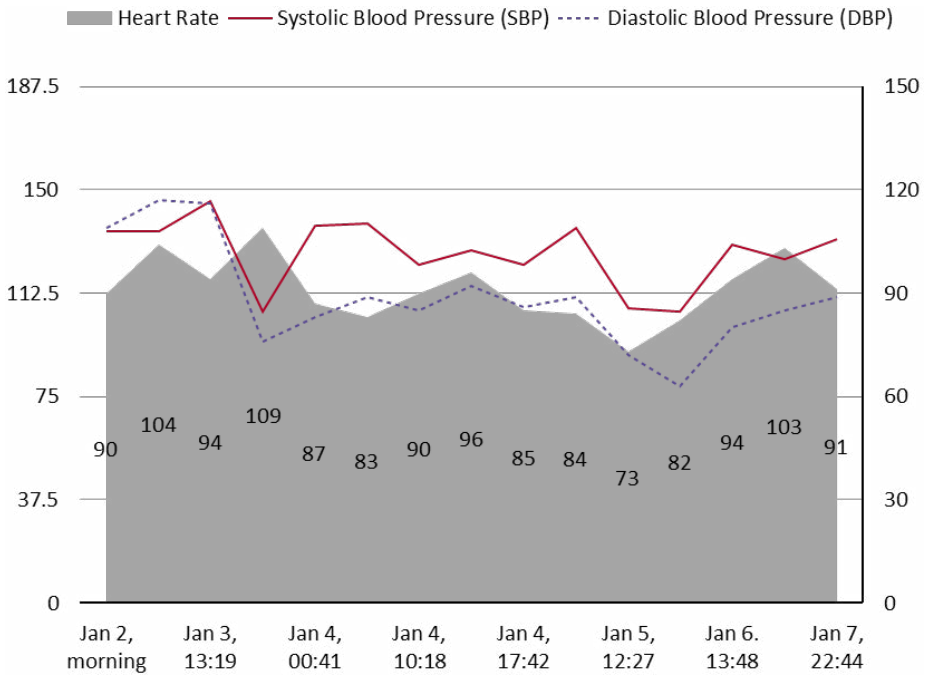

Table 1: Blood pressure monitored between Jan 2 and Jan 7, 2023.
The patient (35, male) barely moves and heart rate bias is low.

Methods

It is theorized that SARS-CoV-2 pathogenicity might be influenced by time of infection due to circadian alterations in the ACE/tACE2 ratio, and an Angiotensin II (ANG II) peak may be an interesting biological strategy to reduce viral entry into the cell via tACE2, reducing its expression and attenuating the possible viral damage [5]. The method utilizes the myocarditis symptoms from SARS-CoV-2 infections where "vesicular H+/K+-ATPase plays an interesting role in both exocytosis and endocytosis in nerve terminals" [6]. With the post-"vaccine" myocarditis symptoms, Proton-Pump Inhibitor (PPI) was delivered along with ACEI for the patient before sleep, preventing immune attacks being transferred to neuronal damages. The treatment is effective in delivering the effects of exocytosis for reducing lymphatic allergic reactions, and serves as the activity-dependent acidification of cytoplasm in repetitive stimulation induced fast acidification [7, 8]. Complementary treatment during conscious activity hours uses beta blocker and antibiotics to reduce the bacterial infection and respiratory symptoms with inflammation. Aspirin and macrolide antibiotics (azithromycin, erythromycin etc.) are not recommended due to inter-medication biochemical reactions.

PPI is reported to have risks in vitamin B12 deficiency, and contribution to Alzheimer's disease, dementia, and cognitive impairment by increased productions of Aβ plaques and hyperphosphorylated tau proteins on neurofibrillary tangles [6]. It means that without serious concerns for neurological infections, it is not recommended according to the clinical trial [9]. However, the clinical trial did not study the clinical causes using PPIs, hence the presumably irreversible damage may have further etiological or even epistemological causes [6, 9]. Microbiome monitoring during PPI use is recommended. The use of PPI may reduce biochemical carbon loss associated with neuronal infection risks in treatment process [5]. Due to the effects of intragranular pH modulators' independence from Ca2+ influx, internal calcium stores, or ATP metabolism, the risks in PPI use may have more relevance to clinical scenarios than the functional medication itself [6-9, 10]. Whether it is viable to split PPI into day and night uses and the doses for more precise treatment will need further research in intensive care unit settings, further determining the risks of PPI use in V-ATPase activity in the pharmacokinetic intervention on membrane fusion activities [6-8, 9, 11].

Other intensive-care membrane trafficking medication methods in blocking endocytic pathways have been researched, including chloroquine and hydroxychloroquine [12]. The macropinocytosis methods are advantaged in terms of microbial, but the side products such as Terfenadine for adenosine triphosphate are highly risky, and can be explainable to mRNA vaccine induced myocarditis and sudden death. Vinblastine listed may risk further damage to the natural immune responses against the virus part [12]. The study does not eliminate them from severe symptom treatments, especially given that these CoVs might encode additional proteins with overlapping compensatory functions [13]. TMPRSS2 inhibitor may be more suitable for mRNA "vaccinated" [14]. However, the medication of ACEI, apart from angiotensin receptor blockers, can be mortal to patients with diabetes, and beta blockers may be replaced with HIV-1 Antiviral pre-exposure prophylaxis (PrEP) [15, 16].

Comparative studies have been conducted to the reverse-transcription and transcription technique mRNA vaccines, and the patient's case corroborates with the literature that there is "no significant difference in antigen binding level or neutralizing activity" [17, 18]. The Polymerase Chain Reaction (PCR) test cutoffs have further made the "vaccinated" vulnerable to undetected infections or even the harms from "vaccination" itself, inventing the immune system to injected viral infections in order

to prevent the enhanced side-effect symptoms, which may also aid clinicians in locating the infection concentrations in order to make medicine delivery decisions. With the psychological effects of being "vaccinated", both factors further occult the detectability of the SARS-CoV-2 infections and the patients' awareness in going to the hospital for treatment with the physiological symptoms that can cause sudden death. Moreover, the occultation of "vaccination" can also affect the clinicians' sound judgments in treatment aims and plans, further delaying the treatment acuteness. These are also statistically neglected from the SARS-CoV-2 death tolls.

Clinical Trial on an Individual Case

From the viral pathogen in immune system attacks, pharmacokinetics were conceived based on cardiodynamics with the S2 proteins' movements in the circulatory system. The initial diagnosis was that the patient's veins' immune responses with S2 protein caused the pericarditis symptoms causing myocarditis symptoms, and the SBP was contributed by viral loads in DBP responses. The treatment was aimed to block the excessive vein pressures so that white blood cell circulation in the artery can be sustained. ACEI improve heart failure by decreasing afterload, preload, and systolic wall stress, which results in increased cardiac output without any increase in heart rate [19]. Beta-blockers can then be used to reduce the effects from increased cardiac output. The action of ACEI increases excretion processes without impacting on natural immune responses, and its toxicity can be used to excrete the S2 proteins out of the system [19]. For this purpose, beta-blockers are mainly prescribed to prevent the adverse impacts of increased cardiac output from the SBP indicators that overburdened the cardiac capacities.

For the author was not able to get the appropriate medicines with the initial prescription, emergent alternative method with Nifedipine was used to prevent acute myocarditis from happening before the blood test in a local hospital in Chongqing in the afternoon of Jan 3, 2023, strategizing in initial diffusing viral loads in the patient's system, and the original prescription was readopted on Jan 8, 2023, after renormalization. Heart rate shifts in **tab. 1** shows the transfer of immune responses from the veins to the medicine-induced artery circulation with the medicine's excretion through P450 3A4 cytochrome. The inverse correlations can be seen throughout the monitoring, whereby the DBP is seen to be relatively constant and Nifedipine did not accurately treat the patient's myocarditis symptoms. **Tab. 2** and **3** show the patient's blood test results under the emergent drug's influence; the plasma test proved the patient's symptoms were not contributed by acute myocarditis indicators in myocarditis enzymes nor any inflammation contributed by High-Sensitivity C-Reactive Protein, and Zybio 2019-nCoV test (PRC Medical Instrument number: 20223400365) on the "vaccinated" patient showed negative results for SARS-CoV-2.

Indicator	Result	After	Reference Range	Unit	Relevant Indicator	Result	After	Reference Range	Unit
WBC	8.35	9.13	3.5-9.5	10^9/L					
NEU#	5.25	5.52	1.8-6.3	10^9/L	**Neu%**	62.90	60.50	40-75	%
LYM#	2.07	2.27	1.1-3.2	10^9/L	**Lym%**	24.80	24.90	20-50	%
MONO#	0.38	0.47	0.10-0.60	10^9/L	**Mon%**	4.50	5.10	3-10	%
EOS#	0.63	0.84	0.02-0.52	10^9/L	**Eos%**	7.50	9.20	0.4-8.0	%
BASO#	0.02	0.03	0.00-0.06	10^9/L	**Bas%**	0.30	0.30	0-1	%
RBC	5.22	5.12	4.3-5.8	10^12/					
tHb	166.00	166.00	130-175	g/L	**Hct.**	49.80	48.70	40-50	%
MCV	95.40	95.30	82-100	fL					
MCH	31.80	32.40	27-34	pg	**MCHC**	333.00	340.00	316-354	g/L
RDW-CV	14.10	13.90	11.0-16.0	%	**RDW-SD**	50.80	50.10	35-56	fL
PLT	162.00	193	125-350	10^9/L	**PCT**	0.20	0.23	0.108-0.282	%
PDW	17.10	16.70	15-17	fL	**MPV**	12.60	11.80	7-11	fL
HsCRP	0.98	<0.50	0-3	mg/L					

Table 2: Blood test result report from 2023-01-03 18:20:31, apparatus: BC7500_1.
PRC's setting the lower threshold of Basopenia indicators to 0/L and 0% prove a systematic coverup on viral remains in the patients' systems after "vaccination" [20, 21].
After intervention / clinical trial blood test result report from 2023-01-13 16:48:59, apparatus: PA990-1.

Indicator	Result	After	Reference Range	Unit
AST	19	20	12-37	U/L
CK	152	103	50-310	U/L
CK-MB	5.51	7.66	0-24	U/L
LDH	154	151	120-250	U/L
α-HBDH	119	118	72-182	U/L

Table 3: Plasma test result report from 2023-01-03 18:24:01, apparatus: AU5800.
It indicated the patient's respiratory inhibition on viral loads and neuronal system was intact.

Recombined "vaccine" is blood-borne.

After intervention / clinical trial plasma test result report from 2023-01-13 16:54:46, apparatus: AU680.

On Jan 4, 20:42, the transitional treatment process began with 95 mg ACEI (Metoprolol Succinate Sustained-release Tablets), and the patient's protein excretion was induced through bowel movement. The patient's response was that the concentrated pain in the cardiac areas was reduced. With the diffused viral transfer from immune attacks to the patient's respiratory system, other emergent medicines were used seen in tab. 4, apart from the patient's healthcare drugs and coenzyme Q10 for precautious medication. On the bacterial infection front, the patient started to produce phlegm in the upper respiratory system on Jan 6, and antibiotics were introduced to combat the side-effects [22].

Medicine	Dose	Treatment	Continue (Y/N)
Nephritis Recovery Tablets (SFDA Approval No: Z10940034)*	5 tablets	Temporary symptomatic transference concentration	N (Temporary treatment on pharmacokinetic excretion paths)
Lianhua Qingwen Granule (Alkaline drug)	1 bag twice per day	Bacterial treatment with acid neutralization effects	N (due to availability but may be replaced with its capsule version or that Proton-Pomp Inhibitor can do the trick)
Cefuroxime Axetil Tablets	0.25 g twice per day	Bacterial induced organ inflammation	N (replace with Proton-Pump Inhibitor but later reintroduced for diffused treatments)
Benorilate	One tablet twice per day	Symptomatic pain diffusion in place of aspirin	N (due to pharmacokinetic toxicity with ACEI and beta blockers)
Coenzyme Q10	200 mg per day	Health care, antioxidant	Y
Vitamin E (d-alpha tocopherol acetate)	268 mg twice per day	Health care, antioxidant protection against oxidative stress	Y
Omega-3	900 mg twice per day	Health care, cardiovascular health and brain function, reduces serum triglycerides/triacylglycerols, and promotes healthy mood balance	Y

Table 4: Medicine adopted between Jan 6 and Jan 7, 2023
* Ingredients of the traditional Chinese medicine: Panax quiquefolium L. (American Ginseng), ginseng, rehmania, salted eucommia, yam, hedyotis diffusa, black turtle bean, Smilax glabra Roxb., Leonurus japonicus, Salvia miltiorrhiza, Alisma plantago-aquatica, Imperata cylindrica, and Platycodonis Radix.

On 2023 Jan 8, 02:22, the patient's blood pressure rose to 140/90/80. 10 mg Enalapril Maleate Tables (ACEI, 1 hr for density peak in blood, 4 hrs for hydrolysis peak time, 11 hrs accumulated half-life) were taken. On 03:17, SBP dropped and heart rate rose slightly, resulting in 135/90/82. On 03:58, heart rate slightly increased again and DBP dropped in exchange of SBP re-increasing, resulting with 138/89/84. With the clinical indicators corroborating the initial hypothesis for the original treatment plan, 30 mg PPI was taken (Lansoprazole Enteric-coated Tablets, 1.5 to 2.2 hrs Tmax, 1.3 to 1.7 hrs half-life). The patient went to sleep before the biochemical peak of the medicine, and epicardium recovery was reported to be felt at 04:32. The medication timing in pharmacokinetics was approximately peak-coordinated.

Jan 8 12:34, excretion happened after the patient woke up, with relatively strong liquid ammonia smells. The patient's heart rate rose to 110, with SBP/DBP on 107/68. Initial clinical responses have no evidence for dehydration associated with excretion, and the increased metabolism suggests the excretion should have been contributed by debunking viral protein from the immune system. The degeneration path for ACEI is kidneys and for PPI bile and urination. Blood pressure monitoring continued, seen in tab. 5, to look for the opportunity in SBP peaks for beta blocker.

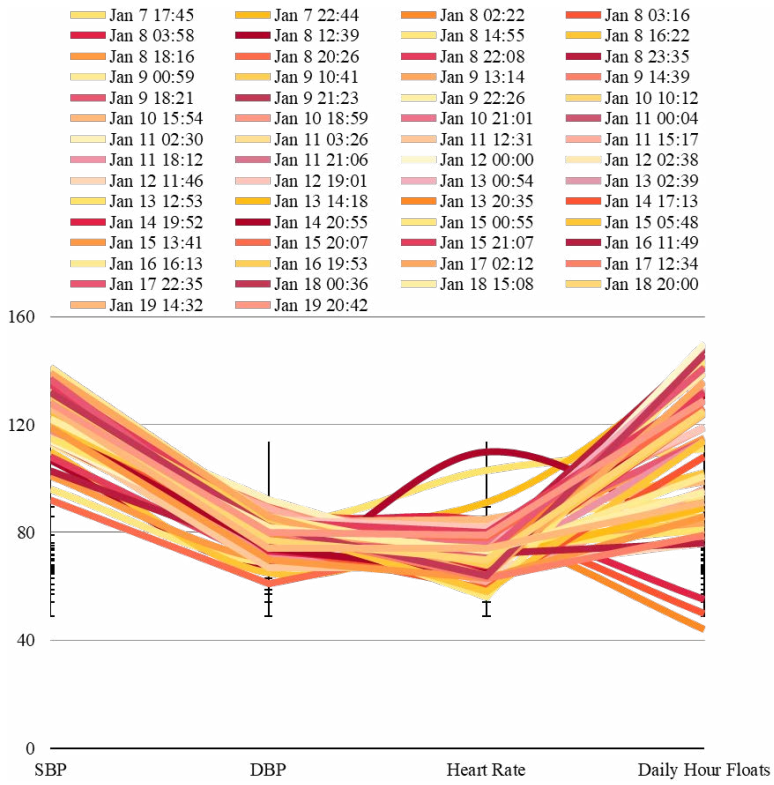

Table 5: Heart rate and blood pressure floats according to wakefulness.
Daily hr floats from midnight at 150 to noon at 75 in numerical arrangements.

Jan 8 15:14, with a low peak caused by heart rate drop, reduced dose of 23.75 mg beta blocker was taken to block the α receptor channel from being attacked by the virus. This dose has eased the patient's anxiety in bodily movements that may cause sudden rises in blood pressure by heart rate raises. It is also possible to reduce the quantity in ACEI and raise the quantity in beta blocker. But without precision measurement apparatus nor viral load detection apparatus, the adjustments can only be done with the patient's autonomous responses and perceptions.

At 16:22, the patient's blood pressure indicators were stabilized at 110/65/82, returning to the main clinical aim set during the initial emergency response. At 18:26, the patient's heart rate was further stabilized to 77, and the SBP dropped accordingly, to 101/70. With the influence of beta blocker, the patient's veins' blood flows' impact to SBP was minimized. With relation to tab. 5, tab. 6 recorded the intake doses of the effective medicines. Cefuroxime Axetil Tablets were reintroduced on Jan 8 20:18.

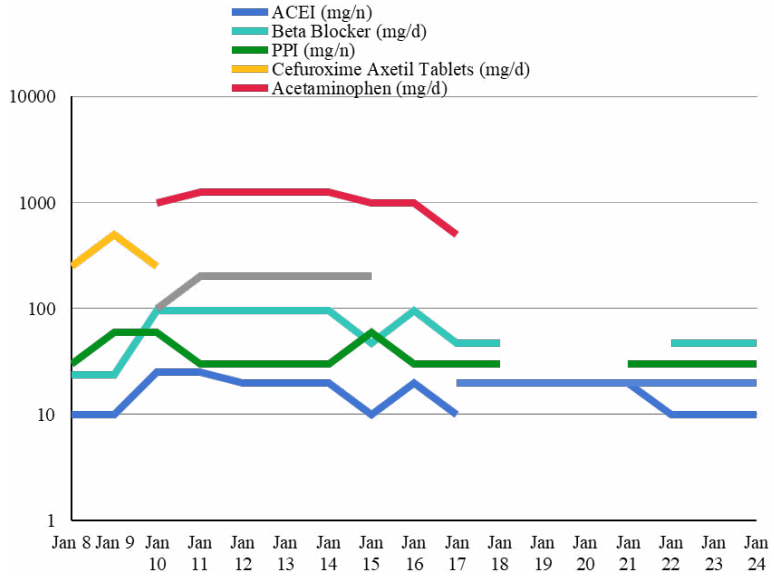

Table 6: Medication usage and doses.

Added doses on midnights are counted in the previous day.

Traditional Chinese medicine containing poppy shell, i.e. isoquinoline [23, 24], was used on Jan 13, 2023, after the blood and plasma tests that validated intervention results. On Jan 15 2023, PPI has been administered during the day too.

Vitamin B12 has been taken to counteract PPI's effects.

On Jan 8 23:35, the patient felt a sense of slow heart attack due to the rush of blood, but the blood pressure 103/73/75 can be risky delivering medication. ACEI dose was minimized. For better delivery of PPI, considering its tMax and half-life in relation to ACEI peak time that may bring up PPI's half-life long tail, both were taken at the same time. The patient felt migraine going away and got sleepy within the hour. The monitoring before sleep was 113/75/73, with SBP on an upper trend. For safety reasons, ACEI and beta blocker are not used at the same time and diffused on the basis of 24 hr consciousness and sleep cycles.

On Jan 9 after wake up, the patient's excretion had less strong ammonia smells, and Cefuroxime Axetil was used for tonsil infections before continued beta blocker treatment. Since PPI can only be used once a day, V-ATPase proton inhibition has been put in the unattendable hours. It was possible to take another blood test to confirm the treatment validities by current effects, but it could risk further viral exposure in hospital trips. The patient's migraine shifts and reduced intensities were used for possible minor adjustments during the treatment.

On Jan 9 at night, the patient started to feel slight feverish symptoms, and acetaminophen was used the next day. The patient experienced slight edema and acetaminophen may help better recovery with smoother metabolic excretion, replacing the acidification source [25]. On Jan 10, the patient's per heart rate contribution to SBP/DBP has been reduced with the continued use of beta blocker and ACEI, and the PPI's antiviral and antibiotic's combined effects with the patient's consciousness and sleep cycles are evidenced to be clinically effective.

Placebo Trial

The increased intensities of the patient's migraine led to the search in alternative explanations for the cause, and psychological trait tendencies indicated that the patient may have high functioning autism spectrum disorder (ASD). The placebo trial started on Jan 17, 2023 for the neurodiverse conditions with the introduction of duloxetine hydrochloride [26]. All other medications stopped during the placebo trial where the patient's heart rate and blood pressures remained stable and within the healthy range. On Jan 21, 2023, the patient's blood pressure / heart rate rose to 140/99/96, proving the effectiveness of the intervention and derivative contributions to migraine in the neurodivergent case. The Intervention resumed at the night of Jan 21, 2023 with duloxetine hydrochloride, PPI, ACEI, and beta blocker.

Results

The emergency response treatment process of how the patient's blood pressure developed through pharmacokinetics corroborated with the initial prescriptions for medicine-induced hemodialysis. The technique theorized, later used on the same patient as a partial clinically trailed experiment, can be applied to early symptom in pericarditis and myocarditis effects from "vaccination" with monitored heart rate that can be done at home. Its application in SARS-CoV-2 infections will need further adjustments in specific targeting and enhancements in antibacterial designs. The specific case's medication has renormalized and the monitoring shows positive outcome for the patient's health. Superoxide Dismutase is theorized to be a more efficient treatment for the side-effects by the rapid acidifications in viral cell infections [27].

The patient's case suggests the use of ACEI, PPI, and beta blockers in combination of consciousness and sleep schedule timings can effectively prevent irreversible damages to the human body and immune attacks caused by the SARS-CoV-2 spike proteins. For unvaccinated persons, HIV-1 PrEPs may have similar blocking effects in protecting the immune system, with combination to antibacterial treatments in infection. The technique reduces lymphatic allergic reactions that underlie the severe bacterial infections by SARS-CoV-2 and histopathogenic strands' diffusion in the human immune system. It is cost-effective and does not need high-cost hemodialysis, especially in low resource settings. With combination to antibiotics, macrolide medications such as azithromycin and erythromycin are not recommended to use with ACEI, and patients with diabetes may only use PrEP instead of ACEI. Heart rate monitoring and microbiome monitoring are recommended for discrete treatment, and heart rate monitoring can be exercised in home settings.

Experimental entry-blocking medication has been located from the case study. Bafilomycin A1 may replace the use of PPI and reduce the necessities in using ACEI and beta blocker [28]. No clinical trial literature on bafilomycin A1 has been found, and may be contributed by its capacities in inducting apoptosis [29, 30]. Its potential for adverse effects in human health makes the theorization temporarily unimplementable, however, its effects in treating depression-like symptoms in rats corroborate with the neurological infection risks in SARS-CoV blood-borne pathogens [31].

Conclusions

The clinical experience with the virological literature reviews indicates that SARS-CoV pathogens are carried by blood and the immune system. The downplay of its virological features and amplification of bacterial infections could have led to the global "vaccination" trends by psychological effects. From the author's childhood experience and paternal grandmother's symptoms treated by his retired doctor aunt, it is inferred that SARS-CoV can predate to the early 1990s in mainland China with infections. Its origins are inferred to be from the nuclear weapon tests when PRC tried to acquire nuclear power. The conclusion corresponds with SARS-CoV-2 being "a single strand of positive-sense RNA that can serve directly as either an mRNA for protein production in an infected cell or as a template for genome production" [32], with questionable origins in the nature.

With the known properties of the SARS-CoV series, unless the vaccination companies and relevant government authorities can prove Spike 2 proteins do not exist in the various methods of vaccine production, and it is not transcribed in the mRNA vaccine methods, the mandatory vaccinations have transgressed the global population's right to health. Its impact will need further research and evaluations. The author's paternal grandmother's sequela was paralysis, possibly contributed by brain infection when the childhood author found her unmovable on the floor after school. The reluctancy of the PRC regime in letting the world know about SARS-CoV-2 and the 2002-2003 SARS-CoV

connections can be contributed by the fact that it evidences its transgressions to the 1948 Geneva Conventions one way or another, given the compound virus' HIV-1 and influenza origins existing in nature [33, 34]. The lowering of basophils absolute number and percentage low threshold from international standards evidences the collapse of the public health system in PRC. COVID tests only test the genome production capabilities of SARS-CoV-2, and "vaccine" may decrease the clinic symptoms and personal & public awarenesses on the post-"vaccination" symptoms and infections, hence decrease the awareness of patient for self-care, treatment, and hospitalization. Albeit genome production in SARS-CoV-2 has forefront lethal effects in the patients' physiological infections, its etiological severity is with the structural proteins. Apart from the physiological severity risks after infection, genome production symptoms can guide clinicians' and doctors' judgements on viral infection and concentrations that are difficult to locate with expensive apparatus. It can be easily neglected on neurological infections with SARS-CoV-2, and its lethal and long-term impacts need to be taken into serious consideration in treatment plans. The viral infection capabilities and immune system attacks are explainable to the post-"vaccine" sudden deaths and "vaccination" may have adverse outcomes for public health on the ground of pure medical science, with SARS-CoV series' lethal capabilities coming from the viral amplification on genome production intensities and penetrative severities. Using vaccination as method for the specific viral features is hence regarded as poisoning [35]. HIV-1 carriers have high risks in further SARS-CoV-2 mutation, and compulsory cremation may further derogate public health in mutation risks.

In the treatment process, the main aim ought to be containing the viral infections first and then the genome production symptoms, especially up in the immune system to neuronal infections. Unlike cancer, if the genome-produced bacterial infections are too concentrated, diffusing strategies are viable to disperse the risks and concentrated burdens of the patient's physiological infections. Preserving the patient's natural immune responses and relevant indicators should guide the medication process, according to the fine membrane adjustments in infection / treatment developments. The recovery aims at the immune system, and the long-term impact of intrusive SARS-CoV-2 vaccines in the patients' immune system is not yet thoroughly evaluated. However, the neuronal infection potentials have been evidenced with numerous pericarditis and myocarditis cases, which have led to sudden deaths, and the sebum impacts to patients recovering from SARS-CoV-2 treatments. For the qualitative evaluations and not the fears for hospital runs in public health systems, vaccination is not recommended for the high risks of pre-exposures to viral neuronal infections without clinical symptomatic traces. Pericarditis and myocarditis symptoms offer a unique opportunity in preventing neuronal infections while excreting S2 proteins from the patients' systems. The medication designs can adjust to the patients' consciousness and sleeping cycles, with reference to blood pressure and heart rate. Proton-pump inhibitors can be enhanced in delivery with myocarditis medication, in transferring neuronal infection risks to the respiratory immune system in the lower immune hierarchy of treatment, where the initial symptoms arise by SARS-CoV infections. From the medicine-induced treatment case, it is theorized that hemodialysis can be effective for severe SARS-CoV-2 infections in the stead of symptom-intensive treatment concentrations. The physiological aims should be preventing irreversible damages to the patients' internal organs where infections sediment.

Funding

The research received no grant or funding.

Conflict of Interest

The data received from the local hospital contain identifiable information of the doctors involved in the research, and can only be requested in legal proceedings against the institutional collapses of the public health system in PRC with witness protection. The medicine-induced cardiac hemodialysis is being patented. It is free to use but exclude from excessive monetarization by reserving the exclusive rights in trademark registration. Antitrust laws apply if no competition exists. Intervention on mRNA vaccine-poisoned has not yet undergone clinical trial.

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Ethical Approval

The patient has given full informed consent to the author on the participation in the studies and publication on relevant clinical data. In the research process, the dignities of the medical professionals working under duress and plausible coercions are respected, and the data that came out of the hospital with their information are not provided in the manuscript. The clinic trial lives up to the Declaration of Helsinki and the Declaration of Geneva. No ethics committee has been formed for the research and clinical trial due to the institutional dysfunction and collapse of the public health system in mainland China. The clinical trial has been registered on ClinicalTrials.gov with the Unique Protocol ID: SARSCoVVaxPoison.

Data Availability Statement

Deidentified data involved in the research is openly available on Zenodo with the DOI: 10.5281/zenodo.7588613.

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