

**Post-vaccine syndrome is a complex disease. Treatment must be individualized according to each patient’s presenting symptoms and disease syndromes. Not all patients respond equally to the same intervention. Early treatment is essential; the response to treatment will likely be weaker when treatment is delayed.**

This document is designed for healthcare providers caring for patients with symptoms following a COVID injection. While a handful of the therapies can be self-administered, we strongly recommend that patients consult with a healthcare provider before beginning any new treatment. (To find a provider, consult [FLCCC’s provider directory](#).)

There are also some important cautions and contraindications that should be carefully reviewed within the more comprehensive and detailed document called “[An Approach to Managing Post-Vaccine Syndrome](#)” and which should be discussed with a qualified provider as well.

This information is not intended to serve as a substitute for diagnosis, treatment, or advice from a qualified, licensed medical professional. The facts presented are offered as information — not medical advice. Any treatment protocol should be discussed with a trusted, licensed medical professional. Never stop or change medications without consulting your healthcare provider.

It is important to emphasize that, since there are no published reports detailing how to treat vaccine-injured patients, our treatment approach is based on the postulated pathogenetic mechanisms, principles of pharmacology, clinical observations, and feedback from vaccine-injured patients themselves. We are constantly updating the approach as new data emerges and based on consultation with trusted healthcare providers.

Patients with post-vaccine syndrome must not receive further COVID-19 vaccines of any type. Likewise, patients with long COVID should avoid all COVID vaccinations.

Post-vaccine syndrome patients should do whatever they can to prevent themselves from getting COVID-19. This may include a preventative protocol (see [I-PREVENT](#)) or early treatment in the event you do contract the virus or suspect infection (see [I-CARE](#)). COVID-19 will likely exacerbate the symptoms of vaccine injury.

Once a patient has shown improvement, the various interventions should be reduced or stopped one at a time. A less intensive maintenance approach is then suggested.

The core problem in post-vaccine syndrome is long-lasting “immune dysregulation.” The most important treatment goal is to help the body restore a healthy immune system — in other words, to let the body heal itself. Our recommended treatment strategy involves two major approaches:

- Promote autophagy to help rid the cells of the spike protein.
- Use interventions that limit the toxicity and/or pathogenicity of the spike protein.

We recommend the use of immune-modulating agents and interventions to dampen and normalize the immune system rather than the use of immunosuppressant drugs, which may make the condition worse.

**Although we have listed suggested therapies below, we strongly suggest that, before initiating any of the below therapeutics, all patients and providers closely review the more detailed and comprehensive document – “An Approach to Managing Post-Vaccine Syndrome” – for information regarding dosing, cautions, contraindications, and other important details.**

**Page numbers are noted below for ease of reference.**

**First-line therapies (Not symptom specific; listed in order of importance)**

- Intermittent daily fasting or periodic daily fasts (pg. 16)
- Ivermectin (pg. 19)
- Moderating physical activity (pg. 19)
- Low-dose naltrexone (pg. 20)
- Resveratrol (pg. 20)
- Melatonin (pg. 20)
- Aspirin (pg. 20)
- Methylene blue (pg. 20)
- Sunlight and Photobiomodulation (pg. 22)
- Probiotics/prebiotics (pg. 23)
- Spermidine (pg. 23)

**Second-line therapies (Listed in order of importance)**

- Magnesium (pg. 24)
- N-acetyl cysteine (pg. 24)
- Cardio Miracle™ and L-arginine/L-citrulline supplements (pg. 24)
- Omega-3 fatty acids (pg. 25)
- Sildenafil (pg. 25)
- Nigella sativa (pg. 25)
- Vitamin C (pg. 25)
- Vitamin D (with Vitamin K2) (pg. 25)
- Fluvoxamine (pg. 25)
- Non-invasive brain stimulation (pg. 26)
- Intravenous Vitamin C (pg. 26)
- Behavioral modification, relaxation therapy, mindfulness therapy, and psychological support (pg. 26)

**Third-line therapies**

- Hyperbaric oxygen therapy (pg. 27)
- Low Magnitude Mechanical Stimulation (pg. 27)
- “Mitochondrial energy optimizer” (pg. 27)
- Hydroxychloroquine (pg. 27)
- Low-dose corticosteroid (pg. 27)