

## Increased Incidence of Unexpected Death due to Spike Proteins: Case Report

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### Introduction

Patient P.S. (male, born 1948) presented in April 2022 with a diagnosis of right lung carcinoma with multiple metastases to the brain. The biopsy had revealed a non-small cell lung carcinoma. He refused a usual chemotherapy because he had read on the Internet that the probability of cure with this diagnosis was only 1-2%. This was certainly right.

### The Course

With his consent, we started an individualized low dose chemotherapy according to the liquid biopsy result [1,2] combined with an enzyme therapy, according to the publication of Torricelli et al. [3].

His subjective complaints, e.g. regarding breathing capacity, improved increasingly. In August, the diagnostics were controlled. There was a significant reduction of the round focus in the lungs and an approximate normalization of the foci in the brain. By the way: he had not been vaccinated against Covid-19. The oncologists congratulated him on this unexpected and gratifying finding and attributed it to chemotherapy. We continued the therapy unchanged.

In early September, he felt so well that he made a 200 km car trip to pick up his niece. The latter, "to spare him", had shortly before been vaccinated a fourth time against Covid-19 by means of an mRNA vaccine (so-called Booster).

He drove back the distance with her in the car without any problems. Three days after his return and in constant contact with his niece, he suddenly felt bad. He got breathing problems, heart pain, circulation problems, and a rattling of the lungs on both sides. The relatives took him to the emergency ward. There he was ventilated with oxygen, without positive effects. After two days he died. Shortly before death, the antibodies against spike proteins in his blood were determined, they were highly elevated.

Nevertheless, the official cause of his disease was death from metastatic lung carcinoma.

### Discussion

The official cause of death seems unlikely from the course. As recently as August, the findings had shown significant regression of the tumor. On the other hand, the course suggests that he had contracted a « shedding » [4] of spike proteins through the exhaled air of the vaccinated niece. This assessment is able to explain the deleterious course within such a short time.

Since we have experienced similar cases in the meantime, this phenomenon no longer seems rare to us, but rather an explanation for "sudden, unexpected deaths" due to heart failure. Apparently, the spike proteins are able to occupy and block mitochondria (ACE 2 receptors) in the myocardium.

In recent similar cases we use Strophanthin (g-Strophanthin, also known as Ouabain, 3 mg caps, enteric-coated (5, 6), with good success. In 1882, ouabain was first isolated from the plant by the French chemist Léon-Albert Arnaud as an amorphous substance, which he identified as a glycoside [5]. Ouabain was seen as a possible treatment for certain cardiac conditions. However, it must be applied in enteric-coated form.

### Summary

We postulate that Ouabain in this form should be used in all patients with exposure to spike proteins.

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