

Why is Highly Diluted Oral “Vaccine” For COVID-19 the Safest Option in this Pandemic?

Huang WL*

Department of Infectious Diseases, General Practice, Nutrition, Medical Acupuncture, Pain Management Medical Acupuncture and Pain Management Clinic, Franca, São Paulo, Brazil

***Corresponding Author:** Huang WL, Department of Infectious Diseases, General Practice, Nutrition, Medical Acupuncture, Pain Management Medical Acupuncture and Pain Management Clinic, Franca, São Paulo, Brazil.

DOI: 10.31080/ASMS.2022.06.1370

Received: July 27, 2022

Published: August 30, 2022

© All rights are reserved by **Huang WL**.

Abstract

Introduction: Since the end of 2019, COVID-19 was firstly reported in China and spread globally. The coronavirus was named severe acute respiratory syndrome and caused until June 12th, 2022 540,318,591 infected people and 6,331,220 deaths. There are some vaccines approved by World Health Organization (WHO) to be given for emergency use and the first mass vaccination began in December 2020. According to WHO, the COVID-19 vaccine is effective but some people will get the illness even after receiving the vaccine. It was reported by CDC that from 1900 until January 11th, 2022, 14,317 deaths were reported after receiving any kinds of vaccines developed until today, and from these totals, 10,688 deaths were following after these mRNA of SARS-CoV-2 vaccines and they were responsible for 74% of global deaths after receiving any kind of vaccine since 1900.

Purpose: the purpose of this study is to show that there is the safest option for the prevention of COVID-19 in the whole global population by using a highly diluted oral “vaccine” to fit the new pattern of energy alteration that our population is presenting nowadays. This is a study that I did in my clinic in Brazil, from 2015 to 2020, analyzing 1000 patients’ internal massive organs (that correspond to the chakras’ energy centers), that 90% of all my patients were in the lowest level of energy, meaning that the majority of them were considered immune-compromised and not immunocompetent. For this reason, the use of a highly diluted oral “vaccine” can fit better to this alteration in the immune system, increasing in this case, the vital energy of the patient and not causing any side effects, as we are facing nowadays when we use the current injected vaccine for prevention of COVID-19 infection. All this reasoning could be explained by the Arndt-Schultz Law, created in 1888 by two German researchers that said that the use of any type of highly concentrated medication can reduce the vital energy or can be lethal and the use of a highly diluted oral “vaccine” can increase this vital energy, and it is this effect that we need in this new type of population that we have on these days.

Methods: It was applied a questionnaire to 108 patients in my clinic in Brazil, from January 15th to 25th 2022, to evaluate the percentage of people who received the injected COVID-19 vaccine and also, who were using highly diluted oral “vaccine” for prevention of SARS-CoV-2 infection and also, using highly diluted medications to replenish the five internal massive organs (Liver, Heart, Spleen, Lungs, and Kidney). It was also evaluated how many people were using other types of highly concentrated medications to treat other diseases.

Results: 56,47% received the highly diluted oral “vaccine” for the prevention of COVID-19 and from this group, 8,2% did not evolve to SARS-CoV-2 infection (Table 4). 61,18% that received a highly diluted oral “vaccine” combined with highly diluted homeopathy medications (Phosphorus, Sulphur, Calcarea carbonica, Silicea, Natrum muriaticum) to replenish the energy of the five internal massive organs (Liver, Heart, Spleen, Lungs, and Kidney) did not have COVID-19 (Table 8). 3,28% of patients that received the

highly diluted oral "vaccine" developed COVID-19 after using this kind of vaccine (Table 11). 9% of patients that received a highly concentrated injected vaccine for prevention of SARS-CoV-2 developed COVID-19 after this type of vaccine (Table 15). 60,75% that received a highly concentrated injected vaccine for prevention of SARS-CoV-2 infection did not evolve to COVID-19. But from this group, 52,84% were using a highly diluted oral "vaccine" combined with highly diluted homeopathy medication to replenish the energy of the five internal massive organs (Liver, Heart, Spleen, Lungs, and Kidney (Table 8).

Conclusion: This study is that, according to the type of population that we have nowadays, due to reduced energy inside the five internal massive organs, according to thoughts of traditional Chinese medicine, the type of vaccine needs to fit according to the type of population that we have on these days (that are characterized as having very low energy pattern). The use of injected highly concentrated vaccine can reduce this vital energy and reduce even more the energy of the patient (that was already very low) and increase the chance to have any kind of thrombosis in any part of the body. The use of a highly diluted oral "vaccine" for prevention of SARS-CoV-2 infection is the safest option nowadays, even in patients that received injected vaccine for prevention of SARS-CoV-2 infection, because it is fitting to this new type of population that we have these days, and do not have any important side effect because will increase the vital energy of the patient, instead of reducing it, as when we use highly concentrated injected vaccine for COVID-19 prevention.

Keywords: COVID-19 Vaccine; Side Effects; Highly Diluted Oral "Vaccine"; Population; Traditional Chinese Medicine; Hahnemann; Homeopathy; Hippocrates

Introduction

COVID-19 is a disease transmitted by SARS-CoV-2 (a novel human coronavirus disease) and spread all over the world since the end of 2019 affecting until June 13th, 2022, (according to WHO) 532.887.351 million infected people and 6.307.021 million deaths worldwide [1].

There are many types of vaccines for the prevention of COVID-19 approved to be used by WHO for emergency use and the first vaccination program started in December 2020 [1].

Until today (June 7th, 2022), there were administered 11.854.673.610 vaccines for the prevention of this infection [1].

According to WHO, the intention of vaccination is to provide protection against serious disease, hospitalization, and death. Also, they have the intention of reducing the "transmission of virus to others" [1].

But there are studies from the department of infectious disease from Mayo Clinic (2021) entitled *COVID-19 infection among vaccinated people: What you need to know*, they said that even people who is receiving vaccination have the potential to transmit the virus to others and this will be one of the reason in this article that I want to show to you, that there are other measurements

that we need to implement in this pandemic, that still not studied by Western medicine's physicians, that are the alterations in the energy level of our population, as I am showing in the article I wrote (2021) entitled *Energy Alterations and Chakras' Energy Deficiencies and Propensity to SARS-CoV-2 Infection* [2,3].

According to CDC data, 74% of all death due to the use of any type of vaccine in the history of vaccination worldwide occurred in the last year (2021) since 1900 [4].

This probably is occurring because the type of vaccine used nowadays is not fitting to this new type of population that we are having nowadays, as I am showing in the article written by me entitled *Are We Vaccinating Immunocompetent or Immunocompromised People for COVID-19?* [5].

Purpose

The purpose of this study is to demonstrate that the use of a highly diluted oral "vaccine" is the safest option to prevent SARS-CoV-2 infection in this pandemic. To know which type of vaccine is more appropriate in this pandemic (if the injected vaccine that the whole world is using nowadays, we need to know which type of population we have on these days, studying the energy alterations in the energy level, invisible by the naked eyes). In this

study, I will demonstrate that the population globally is presenting a new pattern of energy inside the five internal massive organs (Liver, Heart, Spleen, Lungs and Kidney), due to the influences of the chronic exposition of electromagnetic waves that is affecting quite the whole population in this world and responsible for the formation of many diseases. According to this new pattern of energy, we will know which kind of vaccine this population has to use because the use of highly concentrated vaccines is causing a drop in the vital energy (that was already low), leading to so many side effects such as many cases of thrombosis in any part of the body leading to strokes, myocardial infarction, myocarditis, etc. These alterations are normally in the energy level and they cannot be detected only using normal laboratory exams for this reason, the cause of side effects caused by the use of this kind of injected vaccine for the prevention of SARS-CoV-2 infection cannot be explained only using normal evaluation of laboratory exams. In this study, I will demonstrate that the use of a highly diluted oral “vaccine” for the prevention of COVID-19 infection is the safest option to be used in this pandemic, without any documented side effects, according to this new type of population that we are having nowadays and also, the necessity of replenishing the energy of the internal five massive organs (that were proofed very low in a research made by myself in 2021, analyzing a 1000 patients internal five massive organs energy of Liver, Heart, Spleen, Lungs, and Kidney) that were still not treated until now, responsible for the immunodeficient state, and the cause of spreading the virus through the nose and throat, even receiving the injected vaccine for prevention of SARS-CoV-2 infection.

Methods

This study was carried out using a questionnaire to 108 patients who attended my clinic in Brazil to have their consultation or to have their acupuncture treatment in Brazil from January 15th to 25th, 2022. They responded to the questionnaire through a manual form when they were in the waiting room.

The patients received their injected vaccine through the orientations to the city under the guidance of the city hall of Franca, which received guidance and vaccination schedule under the guidance of the government of the state of São Paulo, which received the vaccines under the guidance of the ministry of health of the Federal Government. Guidelines on the use of highly diluted oral “vaccine” were initiated in patients for a specified period in

2021 and many of these patients had the energy measurement of the five massive internal organs or chakras to initiate energy replacement and improvement of the immune system, according to with previous studies carried out by me, where it was detected that the vast majority of my patients are immunocompromised and not immunocompetent.

In this questionnaire, some variables were analyzed in terms of gender, age, type of disease, medications in use, if the patient received an injected vaccine to the prevention of COVID-19, number of doses of vaccine, if they were using highly diluted oral “vaccine” for the prevention of COVID-19, if they were using highly diluted homeopathy medications (Phosphorus, Sulphur, Calcarea carbonica, Silicea, Natrum muriaticum) to replenish the energy of the five massive internal organs (Liver, Heart, Spleen, Lungs, Kidneys) and if they were using any type of highly concentrated medications.

This questionnaire is shown below.

- What is your age?
- What is your health problem? () Hypertension () Diabetes () Myocardial infarction () Cerebral Vascular Accident () Anxiety () Depression () Panic Syndrome () Cancer () others
- How Long have you been using a highly diluted oral “vaccine”?
- Are you giving to the whole family or not? () YES () NO
- Have you taken COVID-19 injected vaccine? () YES () NO
- How many doses did you take it? () 1 () 2 () 3
- What kind of vaccine did you take it? () Pfizer () AstraZeneca () Moderna () Johnson () Coronavac
- Have you had COVID-19? () YES () NO
- If the answer was yes on item 8, was it before () or after the injected vaccine for COVID-19 () ?
- If the answer for item 8 was yes, was it before () or after () starting the highly diluted oral “vaccine”?
- Are you using any highly concentrated medications? () Yes () No
- Which one are you using? () For diabetes () For hypertension () For anxiety and depression () Others
- Are you using homeopathy medications to treat the lack of energy inside the five internal massive organs or chakras’ energy centers? () Yes () No

- How long have you been using homeopathy medications to treat the lack of energy in the chakras’ energy centers? () 1 month () 2 months () 3 months () 4 months () 5 months () 6 months () 7 months () 8 months () 9 months () 10 months () 11 months () 12 months () more than 12 months

The data collected, through the questionnaire, received static treatment, with the use of an electronic spreadsheet to facilitate the data processing, through descriptive statistical analysis and interpretation of the information generated.

In this study, I will show the proportion of patients that were males and females, the proportion of patients that received only highly diluted oral “vaccine” for prevention of SARS-CoV-2 infection, combining or not with highly diluted homeopathy medications to replenish the energy of the five internal massive organs, the proportion of them that were using highly concentrated injected vaccine and how many of them acquire COVID-19 before or after receiving the vaccines. In relation to the use of the highly concentrated injected vaccine, it was not taken into account the mark of the vaccine used for immunization or the number of doses but only if the patient received or not the injected vaccine. I will show also how many patients were using highly concentrated medications to treat their disease and why these medications can influence the protection against the acquisition of SARS-CoV-2 virus infection.

The patients that did not respond the age were excluded from the results that need to have the age to have some conclusions but were included in other results that did not need to have this item (age) in the results tabulation.

All patients that responded to this questionnaire were submitted to the measurement of the energy of the five internal massive organs weeks or months before the questionnaire. and all of them had the same energy deficiency inside the five internal massive organs (Liver, Heart, Spleen, Lungs, and Kidney), rated one out of eight. This energy measurement was made using a crystal pendulum in a procedure called radiesthesia and the quantity of energy was measured depending on the amplitude of rotation of the pendulum. If the internal massive organ has energy, the pendulum would rotate, and depending on the amplitude of the rotation, I will know the quantity of energy that the internal massive organ has inside. If the pendulum does not rotate, this means that the internal organ

that I am analyzing does not have energy and it stays still, without turning.

I will describe some concepts of traditional Chinese medicine (Following the thoughts of Hippocrates (460 bce - 375 bce), the father of medicine, that said that we need to consider older ancient medical traditions, prior to the knowledge we have nowadays) to you to understand what I want to say in this article and for this end, I included some articles written by myself explaining the influences of the use of highly concentrated medications in the treatment of a variety of diseases in this new type of population that we have on these days and why we need to use more highly diluted medications. In this same way of thinking, I will demonstrate the influences of using highly concentrated vaccines for the prevention of SARS-CoV-2 infection and why it is safer to use highly dilute oral “vaccines” to fit better to this new type of population that we have nowadays.

Patients that responded to have COVID-19 before or after oral or injected vaccines did their diagnosis through PCR-SARS-CoV-2 antigen rapid test by nasal swab.

I also used some studies found in the literature demonstrating some side effects caused by the use of injected vaccines and associating with the type of population that we have nowadays, from an energy point of view. Also, I searched for some studies shown in the literature regarding side effects when using the highly diluted oral “vaccines” for the prevention of SARS-CoV-2 infection.

Results

The results of this study will be shown in Table 1 to 17.

In Table 1, I am showing the proportion of females (67 or 62,04%) and males (41 or 37,96%) who responded to the questionnaire (108 patients).

Gender	Number of people who answer the questionnaire	Percentage of people who answered the questionnaire
Male	41	37,96%
Female	67	62,04%
Total	108	100,0%

Table 1: Percentage of males and females that answered the questionnaire.

In Table 2, I am showing how many patients answered the form and had COVID-19 prior to this questionnaire, independent of received or not either oral or injected vaccine. The total of patients that had COVID-19 prior to the questionnaire was 35 (that corresponds to 32,14% of the total of patients that responded to the survey). The males correspond to 10 (28,57%) and females correspond to 25 (71,43%) of the group who had COVID-19 before this form.

Gender	Gender	Total	Percentage in relation to 108 respondents	Percentage in relation to the group
	Male	10	9,26%	28,57%
	Female	25	23,15%	71,43%
Total		35	32,41%	100,00%

Table 2: Patients who have had COVID-19 according to gender.

In Table 3, I am showing the proportion of patients that were using highly diluted oral "vaccines" for the prevention of COVID-19

according to gender. This group represents 61 patients (56,47%) of the total that responded to the survey being 36 (50,02%) females and 25 (40,98%) males.

Gender	Gender	Total	Percentage in relation to 108 respondents	Percentage in relation to the group
	Male	25	23,14%	40,98%
	Female	36	33,33%	59,02%
Total		61	56,47%	100,00%

Table 3: Patients that were using highly diluted oral "vaccines" for COVID-19 according to gender.

In Table 4, I am showing the total of patients that received only a highly diluted oral "vaccine" (5 corresponds to 8,2% of the total of patients that received a highly diluted oral "vaccine", being 100% females patients) and did not receive the injected vaccine. All of these patients did not evolve to SARS-CoV-2 infection after this oral "vaccine".

Interval	Gender		Gender-related to 102 of the respondents		Gender relative to the total of the group		Grand total in relation to the group	
	Male	Female	Male	Female	Male	Female	Male and Female	Percentage
1 - 9	0	1	0,00%	1,64%	0,00%	20,00%	1	20,00%
9 - 17	0	0	0,00%	0,00%	0,00%	0,00%	0	0,00%
17 - 25	0	0	0,00%	0,00%	0,00%	0,00%	0	0,00%
25 - 33	0	1	0,00%	1,64%	0,00%	20,00%	1	20,00%
33 - 41	0	0	0,00%	0,00%	0,00%	0,00%	0	0,00%
41 - 52+	0	3	0,00%	4,92%	0,00%	60,00%	3	60,00%
Total	0	5	0,00%	8,20%	0,00%	100,00%	5	100,00%

Table 4: Distribution of patients who used only highly diluted oral "vaccine" by the time of use (in weeks), did not take the injected vaccine and did not have COVID-19.

In Table 5, I am showing the patients that were using a highly diluted oral "vaccine" and did not evolve to SARS-CoV-2 infection.

In this table, the patient could also be using highly concentrated injected vaccines and medications to replenish the five internal massive organs.

Interval	Gender		Gender-related to 102 of the respondents		Gender relative to the total of the group		Grand total in relation to the group	
	Male	Female	Male	Female	Male	Female	Total male and female	Percentage of the total of this group
1 - 9	7	5	17,07%	8,20%	17,50%	12,50%	12	30,00%
9 - 17	4	2	9,76%	3,28%	10,00%	5,00%	6	15,00%

17 - 25	2	4	4,88%	6,56%	5,00%	10,00%	6	15,00%
25 - 33	2	3	4,88%	4,92%	5,00%	7,50%	5	12,50%
33 - 41	1	1	2,44%	1,64%	2,50%	2,50%	2	5,00%
41 - 52+	2	7	4,88%	11,48%	5,00%	17,50%	9	22,50%
Total	18	22	43,90%	36,07%	45,00%	55,00%	40	100,00%

Table 5: Distribution of patients that were using the highly diluted oral "vaccine" for COVID-19 that did not have SARS-CoV-2 infection according to age group.

In Table 6, I am showing the percentage of patients that were given the highly diluted oral "vaccine" to the whole family. In this case, you can notice that females (19 or 17,59% of the responders) and males (14 or 12,96% of the responders) gave the oral "vaccine" to their whole family.

Gender	Gender	Total	Percentage in relation to 108 respondents	Percentage in relation to the group
	Male	36	33,33%	37,50%
Female	60	55,56%	62,50%	
Total		96	88,89%	100,00%

Table 7: Patients that received any injected vaccine for COVID-19, according to gender.

Gender	Gender	Total	Percentage in relation to 108 respondents	Percentage in relation to the group
	Male	14	12,96%	42,42%
Female	19	17,59%	57,58%	
Total		33	30,56%	100,00%

Table 6: Patients that were using highly diluted oral "vaccine" for prevention of COVID-19 and gave to their family.

In Table 8, I am showing the number of patients that used also highly diluted oral "vaccine" combined with highly diluted medications (homeopathy to replenish the energy of the five internal massive organs). In this case, there were 15 females (24,59% of the total respondent to the form) and 15 males (36,59% of the total that answer the form) being 50% females, and 50% males of this same group.

In Table 7, I am showing the number of patients that received injected vaccines' (96 or 88,89% of the total that responds to the questionnaire) being 60 females (62,5%) of this group and 36 males (37,5% of this group).

Interval	Gender		Gender related to 102 of the respondents		Gender relative to the total of the group		Grand total in relation to the group	
	Male	Female	Male	Female	Male	Female	Male and Female	Percentage
7 - 18	1	0	2,44%	0,00%	3,33%	0,00%	1	3,33%
18 - 29	0	1	0,00%	1,64%	0,00%	3,33%	1	3,33%
29 - 40	2	0	4,88%	0,00%	6,67%	0,00%	2	6,67%
40 - 51	0	3	0,00%	4,92%	0,00%	10,00%	3	10,00%
51 - 62	6	8	14,63%	13,11%	20,00%	26,67%	14	46,67%
62 - 73	3	2	7,32%	3,28%	10,00%	6,67%	5	16,67%
73 - 84	3	1	7,32%	1,64%	10,00%	3,33%	4	13,33%
Total	15	15	36,59%	24,59%	50,00%	50,00%	30	100,00%

Table 8: Patients who used highly diluted oral "vaccine" for prevention of COVID-19 and also used highly diluted homeopathy medications to replenish the energy of the five internal massive organs (Liver, Heart, Spleen, Lungs and Kidney) and did not have COVID-19 divided by age group.

In Table 9, I am showing the number of patients that received the highly diluted oral “vaccine” and also, injected vaccine for the

prevention of SARS-CoV-2 infection. There were 22 males (53,66% of the total) and 28 females (45,90% of the total that answered the questionnaire).

Interval	Gender		Gender-related to 102 of the respondents		Gender relative to the total of the group		Grand total in relation to the group	
	Male	Female	Male	Female	Male	Female	Male and Female	Percentage related of this group
7 - 18	1	1	2,44%	1,64%	2,00%	2,00%	2	4,00%
18 - 29	1	3	2,44%	4,92%	2,00%	6,00%	4	8,00%
29 - 40	3	2	7,32%	3,28%	6,00%	4,00%	5	10,00%
40 - 51	1	7	2,44%	11,48%	2,00%	14,00%	8	16,00%
51 - 62	7	10	17,07%	16,39%	14,00%	20,00%	17	34,00%
62 - 73	5	4	12,20%	6,56%	10,00%	8,00%	9	18,00%
73 - 84	4	1	9,76%	1,64%	8,00%	2,00%	5	10,00%
Total	22	28	53,66%	45,90%	44,00%	56,00%	50	100,00%

Table 9: Patients who used highly diluted oral “vaccine” and received injected vaccine according to their age group.

In Table 10, I am showing the number of patients that received a highly diluted oral “vaccine” and also, injected vaccine for

prevention of SARS-CoV-2 infection, there were 18 males (43,9% of the total responders) and 16 (26,23% of people that answered the questionnaire).

Interval	Gender		Gender-related to 102 of the respondents		Gender relative to the total of the group		Grand total in relation to the group	
	Male	Female	Male	Female	Male	Female	Male and Female	Percentage
7 - 18	1	1	2,44%	1,64%	2,94%	2,94%	2	5,88%
18 - 29	0	2	0,00%	3,28%	0,00%	5,88%	2	5,88%
29 - 40	2	0	4,88%	0,00%	5,88%	0,00%	2	5,88%
40 - 51	0	2	0,00%	3,28%	0,00%	5,88%	2	5,88%
51 - 62	7	8	17,07%	13,11%	20,59%	23,53%	15	44,12%
62 - 73	4	2	9,76%	3,28%	11,76%	5,88%	6	17,65%
73 - 84	4	1	9,76%	1,64%	11,76%	2,94%	5	14,71%
Total	18	16	43,90%	26,23%	52,94%	47,06%	34	100,00%

Table 10: Patients that used highly diluted oral “vaccine” and also injected vaccine for prevention of SARS-CoV-2 infection and did not contract COVID-19, divided by age group.

In Table 11, I am showing the number of patients that received a highly diluted oral “vaccine” and had COVID-19 after using this kind of vaccine. In this table, you can see that only 2 women had COVID-19 after the oral “vaccine”, one patient between 40 and 51 years old, and one patient between 62 and 73 years old and

they correspond to 3,28% of the group who responded to the questionnaire and reported their age (totalizing 102 of 108 patients).

In Table 12, I am showing the number of patients that had COVID-19 before receiving the injected vaccine. In this case, from

Interval	Gender		Gender-related to 102 of the respondents		Gender relative to the total of the group		Grand total in relation to the group	
	Male	Female	Male	Female	Male	Female	Total of Male and Female	Percentage
7 - 18	0	0	0,00%	0,00%	0,00%	0,00%	0	0,00%
18 - 29	0	0	0,00%	0,00%	0,00%	0,00%	0	0,00%
29 - 40	0	0	0,00%	0,00%	0,00%	0,00%	0	0,00%
40 - 51	0	1	0,00%	1,64%	0,00%	50,00%	1	50,00%
51 - 62	0	0	0,00%	0,00%	0,00%	0,00%	0	0,00%
62 - 73	0	1	0,00%	1,64%	0,00%	50,00%	1	50,00%
73 - 84	0	0	0,00%	0,00%	0,00%	0,00%	0	0,00%
Total	0	2	0,00%	3,28%	0,00%	100,00%	2	100,00%

Table 11: Patients who only used highly diluted oral "vaccine" and had COVID-19 after using this vaccine according to age group.

the 108 patients that responded to the questionnaire, 17 (15,74%) had COVID-19 before receiving injected vaccine being 11 (64,71%) females, and 6 (35,29%) males.

(45,62%) received it in the second dose, 5 (10,87%) received it in the third dose, totalizing 65 (27,51% of the total of responders).

Gender	Gender	Total	Percentage in relation to 108 respondents	Percentage in relation to the group
	Male	6	5,56%	35,29%
Female	11	10,19%	64,71%	
Total		17	15,74%	100,00%

Table 12: Patients who had COVID-19 before getting the injected vaccine according to gender.

In the case of Covishield (ChAdOx1_nCoV-19), 3 (3,13%) of the total responder received it in the first dose, 2 (2,13%) received it in the second dose and 0 (0%) received it in the third dose, totalizing 5 (2,12%) of the total responders to the questionnaire.

Regarding the mRNA-1273, 8 (8,33%) received the first dose, 13 (13,83%) received the second dose, and 0 (0%) received the third dose totalizing 21 (8,9%) doses of this type of vaccine in the group of responders to the questionnaire.

In Table 13, I am showing the number of injected vaccines that the patients received until the date of the questionnaire (15-25th January 2022).

In relation to BNT162b2/COMIRNATY Tozinameran (INN), 52 (57,17%) received it as the first dose, 18(19,15%) received it as the second dose and 4(8,70%) received it as the third dose, totalizing 74 (31,36%) doses who received this type of vaccine.

In the case of patients that received the AZD1222 Vaxzevria, 14 (14,58%) received it in the first dose, 20 (21,28%) received it in the second dose, 3 (6,52%) received it in the third dose.

There is a group of patients that did not mention the type of vaccine that they received in the third dose of vaccine, corresponding to 34 (73,91% of the total vaccine given in the third dose or 34 or 14,41% of the total of vaccine given to the group of the total patients that responded to the questionnaire).

In the case of COVID-19 Vaccine (Vero Cell), Inactivated/ Coronavac TM, 19 (19,79%) received it in the first dose, 41

Vaccine	1 ^a Dose	2 ^a Dose	3 ^a Dose	Total
Astra-Zeneca (AZD1222 Vaxzevria)	14	20	3	37
Coronavac (COVID-19 Vaccine (Vero Cell), Inactivated/ Coronavac™)	19	41	5	65
Johnson (Covishield (ChAdOx1_nCoV-19))	3	2	0	5

Moderna (mRNA-1273)	8	13	0	21
Pfizer (BNT162b2/COMIRNATY Tozinameran (INN))	52	18	4	74
Not identified	0	0	34	34
Total	96	94	46	236
Percentage of the SARS-CoV-2 vaccine doses according to the manufacturer (%)				
Vaccine	1^a Dose	2^a Dose	3^a Dose	Total
Astra-Zeneca (AZD1222 Vaxzevria)	14,58%	21,28%	6,52%	15,68%
Coronavac (COVID-19 Vaccine (Vero Cell), Inactivated/ Coronavac™)	19,79%	43,62%	10,87%	27,54%
Johnson (Covishield (ChAdOx1_nCoV-19))	3,13%	2,13%	0,00%	2,12%
Moderna (mRNA-1273)	8,33%	13,83%	0,00%	8,90%
Pfizer (BNT162b2/COMIRNATY Tozinameran (INN))	54,17%	19,15%	8,70%	31,36%
Not identified the type of manufacturer	0,00%	0,00%	73,91%	14,41%
Total	100%	100%	100%	100%

Table 13: Number of vaccines doses according to the vaccine manufacturer.

In Table 14, I am showing that the majority of the responders to the questionnaire received some kind of injected vaccine, which corresponds to 89,21% of all responders of the form. In relation to the 102 responders, in the group of males, 87,8% received the injected vaccine and in the group of females, 90,16% of them received the injected vaccine.

Interval	Gender		Gender-related to 102 of the respondents		Gender relative to the total of the group		Grand total in relation to the group	
	Male	Female	Male	Female	Male	Female	Total of male and female	Percentage
7 - 18	1	1	2,44%	1,64%	1,10%	1,10%	2	2,20%
18 - 29	3	6	7,32%	9,84%	3,30%	6,59%	9	9,89%
29 - 40	4	7	9,76%	11,48%	4,40%	7,69%	11	12,09%
40 - 51	4	13	9,76%	21,31%	4,40%	14,29%	17	18,68%
51 - 62	12	15	29,27%	24,59%	13,19%	16,48%	27	29,67%
62 - 73	5	10	12,20%	16,39%	5,49%	10,99%	15	16,48%
73 - 84	7	3	17,07%	4,92%	7,69%	3,30%	10	10,99%
Total	36	55	87,80%	90,16%	39,56%	60,44%	91	100,00%

Table 14: Patients that received injected COVID-19 vaccine distributed by age group.

In Table 15, I am showing the number of patients that had COVID-19 after receiving injected vaccine according to their age group. They correspond to 5 (9%) of the total responders of the questionnaire being 1(2,44%) male and 4 (6,56%) females.

Interval	Gender		Gender-related to 102 of the respondents		Gender relative to the total of the group		Grand total in relation to this group	
	Male	Female	Male	Female	Male	Female	Total	Percentage
Age group								
7 - 18	0	0	0,00%	0,00%	0,00%	0,00%	0	0,00%
18 - 29	0	1	0,00%	1,64%	0,00%	20,00%	1	20,00%

29 - 40	1	0	2,44%	0,00%	20,00%	0,00%	1	20,00%
40 - 51	0	0	0,00%	0,00%	0,00%	0,00%	0	0,00%
51 - 62	0	1	0,00%	1,64%	0,00%	20,00%	1	20,00%
62 - 73	0	2	0,00%	3,28%	0,00%	40,00%	2	40,00%
73 - 84	0	0	0,00%	0,00%	0,00%	0,00%	0	0,00%
Total	1	4	2,44%	6,56%	20,00%	80,00%	5	100,00%

Table 15: Patients who had COVID-19 after receiving injected vaccine according to their age group.

In Table 16, I am showing the number of patients that received the injected vaccine and did not develop COVID-19 until the date of the questionnaire. They correspond to 62 (60,75%) of the patients that responded to the questionnaire but from this group, 52,84%

were using a highly diluted oral "vaccine" together with highly diluted medications (Sulphur, Calcareo carbonica, Silicea, Natrum muriaticum, and Phosphorus) to replenish the energy of the five internal massive organs to improve the immune system.

Interval	Gender		Gender-related to 102 of the respondents		Gender relative to the total of the group		Grand total in relation to the group	
	Age group	Male	Female	Male	Female	Male	Female	Total
7 - 18	1	1	2,44%	1,64%	1,61%	1,61%	2	3,23%
18 - 29	2	3	4,88%	4,92%	3,23%	4,84%	5	8,06%
29 - 40	2	4	4,88%	6,56%	3,23%	6,45%	6	9,68%
40 - 51	3	7	7,32%	11,48%	4,84%	11,29%	10	16,13%
51 - 62	10	11	24,39%	18,03%	16,13%	17,74%	21	33,87%
62 - 73	4	5	9,76%	8,20%	6,45%	8,06%	9	14,52%
73 - 84	7	2	17,07%	3,28%	11,29%	3,23%	9	14,52%
Total	29	33	70,73%	54,10%	46,77%	53,23%	62	100,00%

Table 16: Patients who took the injected vaccine and did not have COVID-19 according to their age group.

In Table 17, I am showing the number of patients that reported using any kind of highly concentrated medications in their daily treatment. They correspond to 50 (46,30%) patients from the total of 108 respondents, 18 (36%) males, and 32 (64%) females.

Regarding the energy status of all these patients analyzed in the five internal massive organs (Liver, Heart, Spleen, Lungs, and Kidney), they all were in the lowest level of energy (rated one out eight) being one at the lowest level and eight at the normal level of energy. The meaning to our health of these results I will show in the discussion section.

Gender	Gender	Total	Percentage in relation to 108 respondents	Percentage in relation to the group
	Male	18	16,67%	36,00%
Female	32	29,63%	64,00%	
Total	50	46,30%	100,00%	

Table 17: Patients who used highly concentrated medications according to gender.

All patients that reported having COVID-19 before or after using injected or oral "vaccine" for the prevention of SARS-CoV-2 infection did not have to be admitted to the hospital.

Discussion

To produce the vaccine, there are several different processes that exist nowadays and I will tell you briefly [6].

They can have a live virus that has been attenuated (altered or weakened to not cause illness). It can also be inactivated or killed virus or another organism. And can be produced using toxins (generated by bacteria and the illness that we are preventing in this case if the toxin is produced by the bacteria and not caused by the bacteria itself as I am talking about tetanus). And the vaccines can be produced only using segments of the pathogen (including subunits and conjugates vaccines) [7].

The summary of the type of vaccines that exists until today is shown in Table 18 and 19.

Vaccine Type	The vaccine of this type on U.S. Recommended Childhood (age 0-6) Immunization Schedule
Live, attenuated	Measles, mumps, rubella (MMR combined vaccine) Varicella (chickenpox) Influenza (nasal spray) Rotavirus
Inactivated/ Killed	Polio (IPV) Hepatitis A
Toxoid (inactivated toxin)	Diphtheria, tetanus (parts of DTaP combined immunization)
Subunit/ conjugate	Hepatitis B Influenza (injection) Haemophilus influenza type b (Hib) Pertussis (part of DTaP combined immunization) Pneumococcal Meningococcal
Vaccine Type	Vaccine of this type on U.S. Recommended Childhood (age 0-6) Immunization Schedule
Live, attenuated	Measles, mumps, rubella (MMR combined vaccine) Varicella (chickenpox) Influenza (nasal spray) Rotavirus
Inactivated/ Killed	Polio (IPV) Hepatitis A
Toxoid (inactivated toxin)	Diphtheria, tetanus (part of DTaP combined immunization)
Subunit/ conjugate	Hepatitis B Influenza (injection)

Table 18: Types of vaccines existed until today before the COVID-19 pandemic.

Status of COVID-19 Vaccines within WHO EUL/PQ evaluation process	
Manufacture/WHO EUL holder	Name of Vaccine
Pfizer – BioNTech Manufacturing GmbH	BNT162b2/COMIRNATY Tozinameran (INN)
AstraZeneca, AB	AZD1222 Vaxzevria
Janssen -Cilag International NV	Covishield (ChAdOx1_nCoV-19)
Moderna Biotech	mRNA-1273
Serum Institute of India Pvt. Ltd	Covishield (ChAdOx1_nCoV-19)
Beijing Institute of Biological - Products Co., Ltd. (BIBP	SARS-CoV-2 Vaccine (Vero Cell), Inactivated (InCoV)
Sinovac Life Sciences Co., Ltd. Sinovac Life Sciences Co., Ltd.	COVID-19 Vaccine (Vero Cell), Inactivated/Coronavac™
Bharat Biotech, India	SARS-CoV-2 Vaccine, Inactivated (Vero Cell)/ COVAXIN
Serum Institute of India PVT. LTD.	NVX-CoV2373/Covovax
NOVAVAX	NVX-CoV2373/Nuvaxovid
Russian Direct Investment Fund	Sputnik V
Sinopharm / WIBP	Inactivated SARS-CoV-2 Vaccine (Vero Cell)
CanSinoBIO	Ad5-nCoV
SANOFI	CoV2 preS dTM-AS03 vaccine
Clover Biopharmaceuticals	SCB-2019
Zhifei Longcom, China	Recombinant Novel Coronavirus Vaccine (CHO Cell)
Shifa Pharmed – Barkat	Covlran® vaccine
CIGB	Abdala
Biological E	Corbevax
Sk Bioscience	GBP510
WestVac Biopharma	Recombinant COVID-19 Vaccine
Nanogen	Nanocovax
Cinnagen	SpikoGen
R-PHARM	Vaccine R-COVI
SK Bioscience	Nuvaxovid prefilled syringe
Medicago	COVIFENZ®
UREVAC the RNA people	Zorecimeran (INN) concentrate and solvent for dispersion for injection; Company code: CVnCoV/CV07050101

Vector State Research Centre of Virology and Biotechnology	EpiVacCorona
IMBCAMS, China	SARS-CoV-2 Vaccine, Inactivated (Vero Cell)
BioCubaFarma - Cuba	Soberana 01, Soberana 02, Soberana Plus

Table 19: Some COVID-19 vaccines were approved to be used in the prevention of SARS-CoV-2 infection.

The founder of vaccinology was Edward Jenner in 1798, after inoculating the vaccinia virus (cowpox) in a 13-year-old-boy demonstrates an immunity to him against the smallpox virus [8].

The first human vaccines were based on using attenuated viruses or a weaker virus to confer immunity [9].

To write this article, I used the thoughts of Hippocrates (460 BCE - 375 BCE), the father of medicine, that said that “foolish the doctor who despises the knowledge acquired by the ancients”. For this reason, I used the reasoning used by traditional Chinese medicine (which exists for more than 5000 years) to explain why a highly diluted oral “vaccine” is the safest choice for preventing SARS-CoV-2 infection in this COVID-19 pandemic [10].

According to the article I wrote (2021) entitled *Is the Population in the World the Same as in the Past?* I am demonstrating the energy inside the internal massive organs (Liver, Heart, Spleen, Lungs, Kidney) of my patients in Brazil reduced dramatically suddenly since 2015 and from the patients evaluated from 2015 to 2020, analyzing 1000 patients’ internal five massive organs, I concluded that 90% of them were in the lowest level of energy (rated one out of eight) and this sample that I did in my clinic could be demonstrating what could be happening inside quite all human being in this globe because one of the causes for all these alterations are the influences of the electromagnetic waves (that exists in all countries and in entirely all environment nowadays) in our health due to the modernization of the telecommunication, as I am showing in Table 20 and this was the same result found in all the patients analyzed in this study [11].

The remaining 10% of the patients studied had energy in some of these organs, as I am demonstrating in Table 21, and also

Ages Chakras	2-19	20-59	60-79
7 (Spirituality)	8	8	8
6 (Memory and concentration)	1	1	1
5 (Spleen)	1	1	1
4 (Lungs)	1	1	1
3 (Heart)	1	1	1
2 (Kidney)	1	1	1
1 (Liver)	1	1	1
Total of Patients	26	170	86
Main Western diagnoses	Anxiety	Anxiety	Anxiety
	Depression	Headache	Knee pain
Main Oriental Diagnoses	<i>Yin/Yang</i>	<i>Yin</i>	<i>Yin</i>
	<i>Yin/Blood</i>	<i>Yin/Yang</i>	<i>Yin/Internal Heat</i>
			<i>Yin/Yang/Internal Heat</i>

Table 20: Research that I did in my clinic in Brazil, showed that 90% of the patients analyzed were in the lowest level of energy inside the five internal massive organs.

published in the article I wrote (2021) entitled *Are We Vaccinating Immunocompetent or Immunocompromised People for COVID-19?* [5].

Chakras’ Combinations	Number of patients	Percentage in group	Overall percentage
1 / 2 / 3 / 4	1	2,08%	0,24%
1 / 2 / 3 / 4 / 6 / 7	1	2,08%	0,24%
1 / 3 / 7	1	2,08%	0,24%
1 / 4 / 7	1	2,08%	0,24%
1 / 5 / 6 / 7	1	2,08%	0,24%
1 / 6 / 7	1	2,08%	0,24%
1 / 7	1	2,08%	0,24%
2 / 4 / 7	1	2,08%	0,24%
2 / 5 / 6 / 7	1	2,08%	0,24%
2 / 7	2	4,17%	0,49%
3 / 4 / 6 / 7	1	2,08%	0,24%
3 / 4 / 7	1	2,08%	0,24%
3 / 5 / 6 / 7	1	2,08%	0,24%

3 / 6 / 7	1	2,08%	0,24%
4 / 6 / 7	2	4,17%	0,49%
4 / 7	3	6,25%	0,73%
5	1	2,08%	0,24%
5 / 6 / 7	2	4,17%	0,49%
6	2	4,17%	0,49%
6 / 7	12	25,00%	2,93%
ST	1	2,08%	0,24%
ST / 1 / 2 / 3 / 4 / 5 / 6 / 7	2	4,17%	0,49%
ST / 1 / 2 / 3 / 4 / 7	1	2,08%	0,24%
ST / 1 / 2 / 4 / 7	1	2,08%	0,24%
ST / 1 / 3 / 4 / 5 / 6 / 7	1	2,08%	0,24%
ST / 1 / 7	1	2,08%	0,24%
ST / 2 / 3 / 4 / 5 / 6 / 7	1	2,08%	0,24%
ST / 3 / 4 / 5 / 6 / 7	1	2,08%	0,24%
ST / 4 / 5 / 6 / 7	1	2,08%	0,24%
ST / 7	1	2,08%	0,24%
Total	48	100%	11,39%

Table 21: The remaining 10% of the patients studied demonstrated the results of measurement of the internal five massive organs (1- Liver; 2- Kidney; 3- Heart; 4- Lungs; 5- Spleen; 6- Memory and concentration; 7- Spirituality).

To us understand what I want to say in this article, we need to know that medicine used today in all medical faculties is looking only at one side of the human which is the materialized energy, as I am showing in many other articles that I wrote until today such as in the article I wrote (2022) entitled *What Do We Need to Know to Prevent and Control Nosocomial Infections Completely? - Part 2*, which used a metaphor of the tree, showed in Figure 1 [12].

In this tree-like figure, I am showing that the part of the tree that Western medicine is doing diagnosis and treatment is at the "leaf" level of the tree, which corresponds to the symptoms presented by each specialty (represented by each branch of this tree) [13,14].

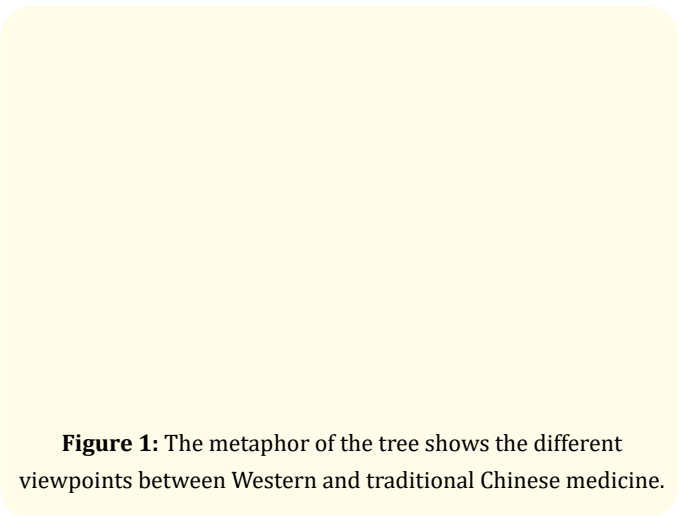


Figure 1: The metaphor of the tree shows the different viewpoints between Western and traditional Chinese medicine.

But according to traditional Chinese medicine's point of view, all the symptoms presented by each patient are not caused by the affected organs. For example, all functioning of one external sensorial organ (eye, ear, tongue, nose, speech) is commanded by one internal massive organ (Liver, Kidney, Spleen, Lungs, and Heart respectively) as I am demonstrating in the article written by myself (2019) entitled *The Importance of Correcting Energy Imbalances and Chakras Energy Deficiencies in the Treatment of Patients with Glaucoma* and in another article written by myself (2019) entitled *What is the Cause of Language Impairment in Traditional Chinese Medicine and how can we treat it?* [15,16].

So, in the case of COVID-19 infection, Western medicine is treating the leaves manifestations of the energy imbalances generated by the entrance of the external pathogenic factors (SARS-CoV-2 together with Wind, Cold, Dryness, Humidity, and Cold) but according to another article written by myself (2021) entitled *What have behind in all kinds of infections that we need to know?* I am saying that all kinds of community and nosocomial infections have in the "root" of the tree, energy deficiencies in the five internal massive organs as I am showing in the article entitled *Is it Possible to Treat Nosocomial Cellulitis Post Placement of Hemodialysis Catheter without the Use of Antibiotics?* [17,18].

When we analyze only the materialized part of the human being, we cannot understand in it is entire because all the things in this universe are made by energy. This phrase was affirmed by the renewed physics we had in the past such as Albert Einstein (1879-1955) and it is also shown in the book written by Capra (1975)

entitled *The Tao of Physics: An Exploration of the Parallels Between Modern Physics and Eastern Mysticism* [19].

So, there is still a gap in the understanding of the functioning of the human being because, after the implementation of the Flexner report in 1910, all medical faculties in America and Canada need to change their curriculum and follow what was a state and considered “scientific”. And the part of medicine that had focused on the treatment using “energy” such as homeopathy, acupuncture,

phytotherapy, etc., was banned and need to be closed because they do not follow the rule that was stated at that time [20].

These changes improved very much the development of the scientific field of the medical community but on the other hand, caused many problems to understand nowadays, how is formed disease because Western medicine only do the diagnosis in phases 4 and 5 of the evolution from health to disease, as I am showing in Table 22 [12,13].

Progression from Health to Disease				
	Organ	Exams	Energy Reserve	Symptoms
Phase 1	Slowing down of organ functions	Normal	Energy Reserves-normal	Without clinical symptoms
Phase 2	Slowing down of organ functions	Normal	Consumption of internal Energy	With symptoms in other organ
Phase 3	Slowing down of organ functions	Normal	Consumption of external Energy Reserves	With symptoms in same organ
Phase 4	Reversible cellular lesion	Little alternation	Consumption of blood Reserves	Curable disease
Phase 5	Irreversible cellular lesion	Excessive alteration	Metabolic exhaustion	Incurable disease

Table 22: Progression from health to disease.

In this Table 22, you can see that there are five phases that is characterizing the evolution from health to disease formation. In the first three phases, there is only energy alteration, the patients have symptoms but the laboratory exams are normal. Only in phases 4 and 5, there are alterations in the laboratory exams and the patient still has symptoms. Western medicine is doing the diagnosis of diseases only in phases four and five of the evolution of disease formation because they can do the diagnosis only after having alterations in the laboratory exams. From phase one to four or five, there is a gap of about 5 years or more to develop alterations in the laboratory exams. When the patients are evolving to hyperglycemia or high cholesterol or high triglycerides, this means that this patient is suffering from energy alterations for years, before having alterations in the laboratory exams [12,13].

What I just told you was demonstrated in many articles written by myself (2020) entitled *Chakras and Energy Alterations in Patients with Oligospermia* and in the second article also written by myself (2020) entitled *Chakra’s energy deficiency as the main cause of infertility in women*. In this case, we can see couples that have the desire to conceive a baby, and they usually have no alteration in the laboratory exams. This does not mean that they do not have

anything to be treated. In these two articles, I am showing that the alterations that they usually have are in the energy level, invisible to the naked eyes [21,22].

Also, I am saying in the article I wrote (2021) entitled *Chakras’ Energies Deficiencies as the Main Cause of Myocardial Infarction without Arterial Obstruction* and in another article I wrote (2022) entitled *Myocardial Infarction without Arterial Obstruction in Patient Post COVID-19 Treatment*, that both cases reported in these two articles had energy deficiencies in the five internal massive organs (Heart, Spleen, Lungs, Kidney, Liver) that caused the myocardial infarction and the laboratory exams of both were normal, without arterial obstruction in the coronary artery [23,24].

In another article I wrote (2021) entitled *What We Need to Know When the Patient has a Stroke with or without COVID-19?* I am saying in that editorial that all the patients that have a stroke, with or without COVID-19 has in the background energy deficiencies in the five internal massive organs, as I showed in the article *Energy Alterations and Chakras’ Energy Deficiencies and Propensity to SARS-CoV-2 Infection* and in the article *Are We Vaccinating Immunocompetent or Immunocompromised People for COVID-19?*

In this last article, I am saying that due to the energy alterations inside the internal five massive organs found since 2015, where quite all the population that I am attending in Brazil do not have energy inside the internal five massive organs, the use of any kind of highly concentrated medication will drop even more this vital energy, that is already low, leading to the clinical manifestation of Blood stasis, as I am showing in the article I wrote (2022) recently entitled *Why Patients with Spider Veins in The Leg Have Recurrence of Their Conditions By Using Sclerotherapy Or Other Kinds of Treatment Recommended Nowadays?* and in another article written by myself (2022) entitled *Energy Alterations in Patient with Deep Vein Thrombosis and What do We Need to do in Addition to the Use of Anti-Coagulant Medications?* [3,5,25-27].

The explanation of what is happening when the patient does not have energy inside the five internal massive organs is well described in the relationship between the four energies of *Yin, Yang, Qi,* and Blood (as I am showing in Figure 2), published in diverse articles because these four energies are the cornerstone of the treatment of all kinds of diseases, according to traditional Chinese medicine’s reasoning [11,12].

Figure 2: Relationship between *Yin, Yang, Qi,* and Blood.

Each internal massive organ is responsible for the production of one internal energy to keep health and the functioning of all organs and systems, as I am showing in Figure 3. In this figure, I am showing that each internal massive organ is correlating to one chakra energy center, studied by Ayurvedic medicine, and this correlation was demonstrated in the article written by Chase (2018) entitled *The Geometry of Emotions: Using Chakra Acupuncture and 5-Phase Theory to Describe Personality Archetypes for Clinical Use* and each chakra or internal massive organ is responsible for the production of one internal energy, necessary to keep all organs and system in

adequate harmony and the imbalance between them is responsible for the disease formation in the energy point of view [28].

Figure 3: The correlation between chakras’ energy centers and the five internal massive organs and the energy production of each organ.

All this reasoning concerning the use of highly diluted oral ‘vaccine’ for the prevention of COVID-19 was based on one theory created in 1888 by two German researchers, using Arndt Schultz Law, shown in Figure 4. In this law, they said that the use of any kind of highly concentrated medications will drop the vital energy and the use of highly diluted medications will increase this vital energy, and this kind of medication is what we need to use in all kinds of treatment nowadays, when it is possible, as I am saying in the article written by myself (2021) entitled *Why is Homeopathy the Medication of Choice in the Treatment of All Kinds of Diseases Nowadays?*, because the use of any kind of highly concentrated medication and in this case, highly concentrated vaccines will reduce this vital energy, and cause the Blood stagnation inside the blood vessels, because to Blood circulate inside the blood vessels, there is the necessity of having *Yin, Yang, Qi* and Blood in adequate amount, showed in Figure 2 [29].

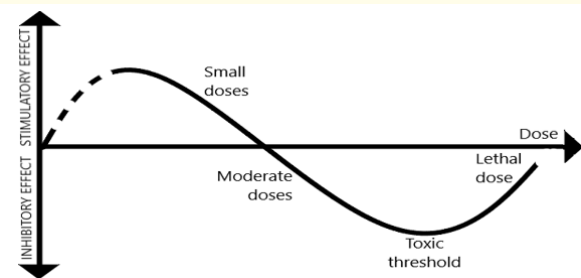


Figure 4: Arndt Schultz Law.

For this reason, nowadays, we have more than 1000 publications reporting some adverse events caused by the COVID-19 injected vaccines, independent of the mark (if Pfizer (BNT162b2/COMIRNATY Tozinameran (INN)), Astra Zeneca (AZD1222 Vaxzevria), Modern (mRNA-1273), Johnson (Ad26.COV2.S), etc. What they have in common is that they all are highly concentrated vaccines and can reduce this vital energy, that is already very low, and can induce myocardial infarction or strokes or thrombosis in any part of the body, as I am showing in all these articles (2021) *What We Need to Know When the Patient has a Stroke with or without COVID-19*; and in the second article I wrote (2022) entitled *Myocardial Infarction without Arterial Obstruction in Patient Post COVID-19 Treatment*, and in the third article I wrote (2021) entitled *Chakras' Energies Deficiencies as the Main Cause of Myocardial Infarction without Arterial Obstruction* [23-25].

In the article written by Wadman (2021) entitled *Having SARS-CoV-2 once confers much greater immunity than a vaccine-but vaccination remains vital*, the author demonstrated that in Israelis, the person who had an infection were more protected against the Delta coronavirus variant than those who had an already highly effective COVID-19 vaccine [30].

In another article written by Perry, *et al.* (2021) entitled *Cerebral venous thrombosis after vaccination against COVID-19 in the UK: a multicenter cohort study*, he is describing a case of cerebral venous thrombosis (called a new syndrome of vaccine-induced thrombotic thrombocytopenia). And after the introduction of the Astra Zeneca vaccine in Norway, 5 severe cases of venous thrombosis with thrombocytopenia were reported starting seven or ten days after the vaccination (four of these five cases were cerebral venous thrombosis) [31].

There are many other reports as in the article written by Aladdin, *et al.* (2021) entitled *Vaccine-Induced Immune Thrombotic Thrombocytopenia with Disseminated Intravascular Coagulation and Death following the ChAdOx1 nCoV-19 Vaccine*, they reported one case of vaccine-induced immune thrombotic thrombocytopenia (VITT) after the first dose of the ChAdOx1 nCoV-19 vaccine. They are proposing the possible mechanism of such evolution the production of autoantibodies against platelet factor 4, resulting in platelet aggregation [32].

In all these three studies, they are saying that the cause of the phenomena that occurred in these patients was caused by the

injection of the COVID-19 vaccine due to the temporal relationship but they are not saying about the energy alterations that all these patients are suffering (because all these alterations are in the energy level and it is not visible by the naked eyes) [32].

All this reasoning began in 2006, when I treated one specific patient that was treating pain in the legs using anti-inflammatory medications with no improvement of this condition. The history of this patient is important to you to understand why I am focusing on the energy imbalances and alteration in the "root" of the tree (showed in Figure 1), in the prevention and in the treatment of diverse diseases nowadays, in this case, in the prevention of SARS-CoV-2 infection using highly diluted oral "vaccine". This patient was treated by myself in 2006 and became the cornerstone of all my treatment and it is described in the majority of all my articles because I am explaining why I am focusing on the treatment of the "root" level of the tree, shown in Figure 1 and not just in the "leaf" level, normally done by Western medicine [3,11,12,15].

This patient was a 70 years-old male that was complaining of leg pain for the last 6 months without improvement of his pain condition only using anti-inflammatory medications. He went to my clinic and I decided to treat him using the Chinese medicine approach. His Chinese medicines diagnosis was Kidney Yang deficiency (because he usually feels Cold in his lower limbs). His treatment consisted of changes in his dietary habits according to Chinese dietary counseling, auricular acupuncture, and apex ear bloodletting. He performed 10 acupuncture sessions twice a week and returned to be reevaluated after 30 days. He told me that his leg pain improved very much but he also improved from another condition that I was not aware of, that he was treating glaucoma for the last 40 years, with no improvement of his condition only using eye drops. And for the first time in his life, his intra-ocular pressure reduced from 40 to 17 mmHg [15].

This case became the cornerstone of all my treatment in any kind of disease because when you treat the "root" of the tree, all the clinical manifestations of the patients (emotional or physical problems) will improve at the same time, even if the doctor does not know that the patient has such symptom [15].

After this case, I presented another study at the Acupuncture Research Conference that was held at Harvard Medical School, in Boston, USA, in 2015, entitled *Acupuncture viewed holistically can*

treat all of a patient's symptoms at the same time, even the doctor does not know they have that symptom [33].

According to traditional Chinese Medicine, all diseases began in the imbalances between *Yin* and *Yang* energy, as I am showing in Figure 5 and 6 [15].



Figure 5: *Yin* and *Yang* symbol.

For *Yin* and *Yang* energy to flow inside the Blood vessels, there is the necessity of having another two energies which are *Qi* and Blood, showed in Figure 2.

Figure 6: Balance the state of *Yin* and *Yang* (in the left column) and the energy imbalances between them in the second, third, fourth, and fifth columns.

Yin and *Yang* are produced by the Kidney energy meridian (or second chakra), Blood is produced by the Spleen (fifth chakra) and the normal flowing of Blood inside the Blood vessels is governed by the Heart (third chakra). The *Qi* is usually in adequate amount when *Yin*, *Yang*, and Blood are normal and when there are alterations in these three energies, the production of *Qi* could also be compromised and cause *Qi* deficiency. The distribution of *Qi* is made by the Liver (first chakra) and Lung (fourth chakra), as I showed in Figure 3 [13,14].

In Table 23, I am showing the questions that I usually do to all my patients to evaluate how is the energy situation of *Yin*, *Yang*, *Qi*, and Blood in the first appointment [13,14].

Question	Does the patient have a daily bowel movement?	Does the patient have excessive sweating during day?	Does the patient feel cold in the extremities of the body? (Cold feet or hands)	Does the patient feel hot in the extremities?	Does the patient have a dry mouth, bleeding gums, bad breath, acne and/or redness in the skin, abdominal pain, microhematuria, or itching?
Meaning	The lack of daily bowel movements can mean Blood deficiency.*	This could be a symptom of <i>Qi</i> deficiency.	Commonly, this is a sign of <i>Yang</i> deficiency.	Commonly a sign of <i>Yin</i> deficiency.	Commonly this is a sign of Heat retention.

Table 23: Questions to evaluate the energy situation of *Yin*, *Yang*, *Qi*, Blood, and Heat retention.

When there is a deficiency in one or a combination of deficiencies between these four energies, the body can induce the production of internal Fire, as I am showing in Figure 7, responsible for many types of clinical manifestations in the "leaf" level of the tree [13,14].

In traditional Chinese Medicine, the same disease can come from different energy imbalances and one energy imbalance can generate many different diseases at the "leaf" level, as I am showing

Figure 7: *Yin*, *Yang*, *Qi*, and Blood and formation of internal Fire when there is one or a combination of energy deficiencies between them.

in the article written by myself (2021) entitled *Energy Alterations and Chakras’ Energy Deficiencies and Propensity to SARS-CoV-2 Infection* [3].

The second theory very important for us to understand in traditional Chinese medicine is the Five Elements theory. In this theory, they are saying that all the things that exist in this universe are related to the Five Elements (that are Wood, Fire, Earth, Metal, and Water). The human being is also part of this universe and it is

composed of the five elements. Inside the body, the five elements correspond to the five internal massive organs (that are the Liver, Heart, Spleen, Lungs, and Kidney respectively) and one massive organ is responsible for one hollow organ (Gallbladder, Small intestine, Stomach, Large intestine, and Bladder respectively), and one external sensorial organ (Liver- Eye-vision; Heart- Tongue-communication; Spleen- Mouth -a sense of taste; Lungs- Nose-a sense of smell, Kidney- Ear- hearing process) as you can see in Table 24 [13-15].

	Wood	Fire	Earth	Metal	Water
Orientation	East	South	Middle	West	North
Season	Spring	Summer	Late Summer	Autumn	Winter
Climate	Wind	Summer Heat	Dampness	Dryness	Cold
Cultivation	Germinate	Grow	Transform	Reap	Store
Yin organ	Liver	Heart	Spleen	Lung	Kidney
Yang Organ	Gall Bladder	Small Intestine	Stomach	Large Intestine	Bladder
Orifice	Eye	Tongue	Mouth	Nose	Ear
Tissues	Tendons	Vessels	Muscles	Skin & Hair	Bones
Emotions	Anger	Joy	Pensiveness	Grief	Fear
Colors	Blue/Green	Red	Yellow	White	Black
Taste	Sour	Bitter	Sweet	Pungent	Salty
Voice	Shout	Laugh	Sing	Cry	Groan

Table 24: Five Elements and their hollow organs and external sensorial organ correspondence.

According to Chinese medicine, all the internal five massive organs are interconnected by the energy flow (showed in Figure 8), and this viewpoint is different from the Western medicine perspective because the model of medicine practiced nowadays is based on the Galen (ca. 129 ca. 217) thoughts that say that all the organs work independently and separately. Galen was responsible for several books used by Western medicine mainly in anatomy [13-15].

This energy that is flowing inside the body is called *Qi* in traditional Chinese medicine or prana in Ayurvedic medicine and has different names according to each medical system. This “vital energy” is responsible for our vision, sense of taste, smell, hearing process, sexual life, memory, and concentration, to allow us to walk, move, sleep, etc. The internal five massive organs work like a “battery” of the human body to allow us to survive as I am showing in Table 24, the relationship between the five elements and the five internal massive organs and their correspondence to all external

sensorial organs that they command. Without this energy, all the functions of all organs will not occur properly and for this reason, I am showing and demonstrating that quite the majority of patients nowadays are not having energy at a good level to keep their health and prevent any disease [12,13].

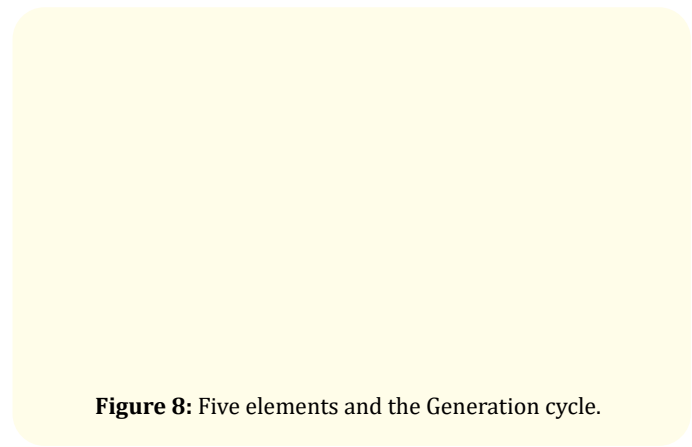


Figure 8: Five elements and the Generation cycle.

The interrelationship between the organs is very important to us to understand all principles used in the reasoning to construct this new theory about the highly diluted oral “vaccines” for COVID-19 because to construct one vaccine for this new type of population that we have nowadays,” we cannot use the same thinking we created them”, as said by Albert Einstein [13-15].

For this reason, we need to use other kinds of oldest medicines that exists in the past that we are not using nowadays, to try to explain why a highly diluted oral vaccine for prevention of SARS-CoV-2 infection is the safest option to be used in this new type of population that we are facing nowadays and why there are so many side effects presented by this kind of injected vaccine for prevention of SARS-CoV-2 infection, as shown by CDC, that said that 74% of all deaths related to the use of all kinds of vaccine produced since 1900 occurred in 2021 after the use of COVID-19 injected vaccine reported in several articles until today and I will briefly describe some of these articles to you to know [4].

According to WHO, the side effects of these vaccine include fever, headache, chills, muscle ache, tiredness, pain or redness in the injection site, and diarrhea. They are saying that the severe side effects are extremely rare [1].

In the article written by Goldberg., *et al.* (2021) entitled *Protection of previous SARS-CoV-2 infection* is similar to that of BNT162b2 vaccine protection: A three-month nationwide experience from Israel, they studied the entire population of Israel during the pandemic because there were some questions about the necessity or not to do vaccination in patients that had previously prior infection to SARS-CoV-2 and in this study, they are demonstrating that the percentage of patients that need to be admitted in the hospital, or deaths after natural infection or after the injected vaccine were similar and they are questioning the necessity to do the vaccination in previously infected people [34].

In another article written by Wiest., *et al.* (2021) entitled *A Case of Acute Pulmonary Embolus after mRNA SARS-CoV-2 Immunization*, they are saying that the COVID-19 vaccine is safe and effective but there are rare cases of thromboembolism in the deep vein after the use of two adenovirus-based vaccine the Jansen Ad.26. COV2.S vaccine AstraZeneca ChAdOx1 nCoV-19 vaccine and also in Pfizer-BioNTech BNT162b2 mRNA vaccine. In this article, they are presenting two patients that evolve into acute pulmonary emboli

shortly after the second dose of Moderna mRNA-1273 SARS-CoV-2 vaccine. They found in these patients positive lupus anticoagulant signals [35].

In the article written by Dimitriou., *et al.* (2021) entitled *Vaccine-induced thrombotic thrombocytopenia: The shady chapter of a success story*, they are saying in this article that the recognition of the rare but serious and potentially lethal complications of vaccine-induced thrombotic thrombocytopenia raised concerns about the safety of COVID-19 vaccine and led to rethinking the strategies of vaccination in many countries [36].

In another article written by Luk., *et al.* (2021) entitled *Myocarditis and Pericarditis After COVID-19 mRNA Vaccination: Practical Considerations for Care Providers*, they are reporting some cases of myocarditis after receiving the COVID-19 vaccine through June 5, 2021, they conclude an incidence of 12.6 cases per million after the second dose of COVID-19 vaccine in people between 12 to 39 years-old age group that occurred until 21 days after the vaccination. In Canada, they reported 163 cases of myocarditis and pericarditis after the first and second dose of the COVID-19 vaccine from 5 hours to 92 days after exposure [37].

According to Advisory Committee on Immunization Practices by the Center for Disease Control and Prevention, they reported an incidence of myocarditis after almost 300.000.000 COVID-19 mRNA doses in the United States [37].

In another article written by Varona., *et al.* (2021) entitled *Primary adrenal insufficiency associated with Oxford-AstraZeneca ChAdOx1 nCoV-19 vaccine-induced immune thrombotic thrombocytopenia (VITT)*, the author is describing one case of a 47-years-old that presented adrenal insufficiency after receiving COVID-19 vaccination. He did not have any previous disease and was admitted to the hospital with bilateral pulmonary thromboembolism 10 days after receiving the adenoviral (ChAdOx1) vector-based COVID-19 vaccine [38].

In the article written by Korn., *et al.* (2021) entitled *Aphasia seven days after the second dose of an mRNA-based SARS-CoV-2 vaccine*, they are describing one case of a 52-years-old male that developed sudden-onset reading difficulty and aphasia 7 days after the second dose of an mRNA-based SARS-CoV-2 vaccine. He had previously had arterial hypertension, myocardial infarction,

nephrolithiasis, and hyperlipidemia. In this article, the question if there is a causal relationship between the aphasia and the intracerebral bleeding found in magnetic resonance imaging but they cannot exclude this possibility [39].

In this case, all the alterations of this patient were in the energy level, invisible to the naked eyes, because all the previous clinical manifestations that this patient was having such as arterial hypertension, myocardial infarction, nephrolithiasis, and hyperlipidemia have in common, energy deficiencies in the five internal massive organs or lack of energy in the chakras' energy centers, as I am showing in a diverse article such as in the publication written by myself (2019) entitled *Energy Alterations as the Underlying Cause of Primary Hypertension* [15,17-23,40].

And the use of the highly concentrated injected vaccine for COVID-19 prevention induced a reduction in this vital energy, which was already very low, causing stasis of Blood inside the blood vessels and leading the alterations in the central nervous system. In all these complications, there is the necessity for patients to have alterations in the energy level, predisposing them to have a complication after receiving his type of highly concentrated vaccine and causing the stagnation of energy, induced by the reduction of energy, after receiving this type of vaccine. In the research I did in my clinic in Brazil, showed in Table 20, I am saying that the majority of patients (including babies, children, young adults, and older patients, are all in the same energy imbalances state, which is characterized by low energy inside all five internal massive organs) in this pandemic were in the lowest level of energy years before the pandemic and the symptoms presented by each patient in this infection was only the reflection of what was happening inside the body, because all clinical manifestations in the "leaf" level, was caused by imbalances of energy in the "root" level of the tree [3,41].

In another article written by myself (2021) entitled *Is SARS-CoV-2 Strong or Our Body Is Weak?* I am saying that the invasion of the virus is caused by the low *Zheng-Qi* presented by our body (because *Zheng-Qi* is the energy that prevents the entrance of the external pathogenic factor inside the body, and SARS-CoV-2 is considered one external pathogenic factor). In this article, I am demonstrating that the majority of the patients (97%) that I am attending in Brazil have no *Zheng-Qi* which is the energy in the Kidney (second chakra), shown in Table 21 [42].

To treat the Kidney energy deficiency, I need to treat all the organs that have low energy, as demonstrated in the Generation cycle of the Five Elements theory. As I am demonstrating in the article that I wrote (2020) entitled *Constitutional Homeopathy of the Five Elements based on Traditional Chinese Medicine* (Figure 9), I created another theory in homeopathy where I can treat this condition of lack of energy using highly diluted medications, instead of using Chinese herbal medications (because they are also considered highly concentrated medications) and could cause a reduction in this vital energy. I am saying the possibility of using these Chinese herbs because in China, they usually use these herbs to treat this condition of lack of energy but in Brazil, when I need to use any kind of Chinese herbs, I usually send them to the homeopathy pharmacy to transform that Chinese herb in homeopathy medications, diluting them to do no harm to the energy of the patient, that is already very low (as I showed in the Arndt Schultz Law in Figure 4) [41].

Figure 9: Homeopathy medications in the treatment of lack of energy inside the five massive organs according to the theory *Constitutional Homeopathy of the Five Elements Based on Traditional Chinese Medicine*.

The highly diluted medications (Sulphur, Calcarea carbonica, Silicea, Natrum muriaticum, and Phosphorus) need to be used for the entire life as the reduction of these energies is caused by the influences of the electromagnetic waves, that is affecting our body's energy, but they do not appear in the laboratory exams. The symptoms presented by the patients, such as Depression have in the background these energy deficiencies in the five internal massive organs are caused by the lack of energy and shown in the article

written by myself (2021) entitled *Why Patients with Depression do Not Improve the Symptoms with Antidepressant Medications* [41].

The reasoning used by Western medicine is usually focusing the treatment on the "leaf" level of the tree (showed in Figure 1) but what I want to say in this article is that to reduce the transmission of the SARS-COV-2 infection, we need to treat the immune-deficient state of quite an entire population in this world is suffering, as I am showing in the article I wrote (2021) entitled *Why Do Patients Still Have the Potential to Transmit COVID-19 Despite Receiving Vaccinations?* [43].

In this article, I am demonstrating that the transmission of the SARS-CoV-2 virus from one person to another is made by the immunosuppressed population, as said in the article written by Abbasi J (2021) entitled *Researchers Tie Severe Immunosuppression to Chronic COVID-19 and Virus Variants*. But in this article, they are only accounting for the patients that have any co-morbidities such as cancer patients or patients with auto-immune diseases that are using any kind of corticosteroids or immune-suppressive medications and are sub estimating the real number of population that are immunosuppressed, due to this reduction in this vital energy, that is not visible by the naked eyes, and not studied by Western medicine's professionals, because it was considered "unscientific" in the past, after the implementation of Flexner report, in 1910 [44].

These considerations were published by myself in another article I wrote (2021) entitled *Are the Vaccines the Only Solution to Control COVID-19 Pandemic?* In this article, I am saying the necessity of treating the cause of this immune suppression and not just doing vaccination, because if the patient is still immune-deficient, the result of this global vaccination will be poor because according to the article written in 2021, entitled *Science Brief: COVID-19 Vaccines and Vaccination*, they are saying that the response to the vaccine in immunocompromised population is very reduced for COVID-19 vaccination [45,46].

In the article that I wrote (2021) entitled *Why is Homeopathy the Medication of Choice in the Treatment of All Kinds of Diseases Nowadays?*, I am saying that the majority of diseases have the background energy deficiencies in the five internal massive organs (Liver, Heart, Spleen, Lungs, Kidney) and the use of highly concentrated medications will harm the vital energy (that is very

low) and increase the chance of having some complications such as in the article I wrote (2021) entitled *Why do Patients Seem to be Older After COVID-19 Treatment?* [29,47].

All the clinical presentation is SARS COV-2 infection could be related to the manifestation of this lack of energy inside the five massive organs, that was presented prior to this COVID-19 pandemic, as I am showing in the article *Energy Alterations and Chakras' Energy Deficiencies and Propensity to SARS-CoV-2 Infection*. Depending on the type of medication used to treat this infection, if used any kind of highly concentrated medications, such as antipyretic medication, anti-inflammatory medications or antibiotics, corticosteroids, etc., all these groups of medications will drop even more this vital energy, that is already low, shown in the article above mentioned and the drop in this vital energy will produce the formation of Heat inside the body and manifests as an inflammatory process in the laboratory exams, shown in the second phase of this infection. The evolution to the third phase of this infection is characterized by hemorrhage symptoms, redness in the skin, altered consciousness, dry mouth, bad breath, etc. and it is also caused by the formation of internal Fire, generated by the energy deficiency condition and worsened by the use of any type of highly concentrated medications, showed in this same article [3].

There are some clinical manifestations of patients with dyspnea and fatigue symptoms after COVID-19 infection treatment, and both are related to the use of highly concentrated medications in the treatment of the acute phase of this infection and the replenishment of these five internal massive organs using highly diluted medications is of major importance to treat this condition, replenishing the internal five massive organs energy, to allow the patient to survive and have a normal life again. Both studies were published in the article written by myself (2021) entitled *Chakras' Energies Deficiencies as the Cause of Dyspnea Post COVID-19 Treatment* and in another article also written by me (2021) entitled *Chakras' Energy Deficiencies as the Cause of Fatigue Post SARS-CoV-2 Infection Patients Treatment* [48,49].

In another article that I wrote (2021) entitled *Chakras' Energies Deficiencies as One of the Causes of Anosmia and Loss of Taste in SARS-CoV-2 Infection Patients*, I am showing that patients with COVID-19 infection that manifest these kinds of symptoms (anosmia and loss of taste) have energy alterations in the Lung and

Spleen meridian (fourth and fifth chakra) and the treatment of this condition, replenishing these organs energy is important to treat the cause and not just treating the symptoms [50].

In all these articles, I want to demonstrate that the symptoms presented by the patients that are receiving the COVID-19 vaccine can be only a reflection of energy imbalances of each patient prior to receiving a vaccination and the injection of the highly concentrated vaccine could only trigger energy alterations inside the patient's body, leading to diverse clinical manifestations but they have the same "root", that are energy deficiencies in the five internal massive organs. Each organ has its specific function in the production of energy. For example, the Spleen (fifth chakra) is responsible for the formation of Blood. The Kidney (second chakra) is responsible for the production of *Yin* and *Yang* energy. The Lungs (fourth chakra) and Liver (first chakra) are responsible for the distribution of energy (*Qi*) inside the body. The Heart (third chakra) is responsible for controlling the Blood flow inside the blood vessels. All these interrelationships you can see in Figure 3 [26].

The possibility of having the production of auto-antibodies to heparin showed in some articles, the production of auto-immune diseases could be related to energy alterations inside the patient's body (*Yin* deficiency), and the treatment of these energy imbalances can reduce or negate these markers, as I am showing in the article *Can Autoimmune Hepatitis Be Treated Without the Use of Corticosteroids and Immunosuppressive Drugs?* [51].

There are some other side effects that were reported after the COVID-19 Vaccine injection. In the article written by King, *et al.* (2021) entitled *Myocarditis following mRNA vaccination against SARS-CoV-2*, a case series, four patients presented with symptoms of myocarditis characterized by chest pain, the elevation of C-reactive protein, elevation in troponin-I, and negative viral serologist two to four days after COVID-19 "vaccines" administration. All experiences a follow-up [52].

Four patients, ages 20 to 30, presented with myocarditis characterized by chest pain, elevations in troponin-I and C-reactive protein, and negative viral serologist two to four days following mRNA vaccine administration. One had a cardiac MRI showing delayed gadolinium enhancement in a sub-pericardial pattern. All experienced symptom resolution by the following day and the two who have returned for follow-up had normal troponin-I and CRP values [52].

In this case, the myocarditis could be explained through the energy alterations that the patients had prior to this use in a highly concentrating medication or highly concentrated vaccines, inducing a formation of internal Heat when the energy was reduced even more after the vaccination, causing symptoms of tachycardia and inflammation of the Heart (third chakra) [15].

Another case reported in the literature was an *Acute Coronary Tree Thrombosis After Vaccination for COVID-19*, an article written by Tajstra, *et al.* (2021). In this article, the author is saying about one case of an 86 years-old man with a history of prostate cancer, who received the Pfizer vaccine (BNT162b2/COMIRNATY Tozinameran (INN) on January 27, 2021, and after 30 minutes after the injection, the patient collapsed and was diagnosed with the distal conclusion of the left anterior descending coronary artery with large thrombus. The percutaneous coronary intervention was done but the patient died on January 30, 2021 [53].

Another possible side effect was published by Ocal, *et al.* (2021) entitled *Portal vein thrombosis associated with ChAdOx1 nCov-19 vaccination*, where the author is describing a patient a 41-year-old male patient with pulmonary emboli in the right lobe eleven days after the COVID-19 vaccine injection. Four days after, the patient had severe abdominal pain caused by a massive of the entire portal venous system, that needed laparotomy and was still very ill at the time of writing his case [54].

You can see that the majority of side effects caused after the COVID-19 vaccine injection were mainly caused by thrombosis in any part of the body. But if you analyze the energy alterations presented by each patient (shown in the research that I did in Brazil, measuring the energy of the five internal massive organs of 1000 patients from 2015 to 2020 and the data was published in the article written by myself (2021) entitled *Energy Alterations and Chakras' Energy Deficiencies and Propensity to SARS-CoV-2 Infection*), you can see that the majority of cases happened days after the COVID-19 vaccine injection (that is considered a highly concentrated vaccine, causing a reduction in the vital energy and leading to the stagnation of Blood inside any part of the Blood vessels [3].

In Brazil, after the beginning of the COVID-19 pandemic, there were some groups of doctors who decided to produce a medication that could treat this infection using the same agent that is causing this disease [54].

This type of medication is called "biotherapeutics" and is a medication prepared from biological components such as excretions, tissues, secretions, organs, products of microbial origin, and allergens, which serve as a material for biotherapeutics medication preparation [55].

They are called nosodes (when the preparations come from the pathological material that originates the disease) and are made according to the pharmacy's technical homeopathic preparations [55].

The SARS-CoV-2 highly diluted oral "vaccine" was prepared from the oropharynx secretion of 4 patients proofed infected by SARS-CoV-2 infection and was an idea of a group of two doctors and three pharmacists in Brazil (being two patients from Rio de Janeiro city and two from Curitiba). They used the dynamization at 30 CH and 200 CH and the security assessment of the matrix was following the parameters such as RT-PCR tests, dilution of pathological material, 70% ethanol thinner, Avogadro's number, references of other homeopathic medicines prepared from toxic substances [55].

RT-PCR analyses were done in 13CH dynamization, whose result was positive for SARS-CoV-2. Subsequently, the same analysis was made in 28CH dynamization that result in a negative for SARS-CoV-2 [55].

They evaluated the efficacy of SARS-CoV-2 highly diluted oral "vaccine" using this medication in a team composed of two highly diluted medication physicians, their patients, and their families [55].

After using without any side effects or complications, this matrix was released for dispensation, under medical prescription, in form of globules, in three pharmaceutical industries (Curitiba, Sao Paulo, and Rio de Janeiro) [55].

They also did a randomized clinical study with 85 volunteers from all over Brazil, testing three groups of medication: SARS-CoV-2 highly diluted oral "vaccine" or nosode, placebo, and a third not defined drug [3,55].

They concluded in this study that the use of SARS-CoV-2 nosode could help patients in the treatment of the acute phase of SARS-CoV-2 infection and also prevention (highly diluted oral "vaccine") when used in a high potency of 200 CH) [3].

In this article, I am calling the SARS-CoV-2 nosode an oral "vaccine", because according to the definition of vaccine, as I said at the beginning of the discussion section, vaccines are substances with the intention to stimulate the production of antibodies and afford immunity to one or more disease. And in this case, the use of SARS-CoV-2 nosode or highly diluted oral "vaccine" was having this paper in increasing the immunity of the population, as I showed in this article, demonstrating that patients that used SARS-CoV-2 highly diluted oral "vaccine", only 3,28% had COVID-19 (Table 11). The patients that received a highly concentrated injected vaccine had a higher risk of acquiring COVID-19 (9%), as shown in Table 15. But the main difference is the power to induce side effects (quite zero side effects) when using a highly diluted oral "vaccine" when compared with the injected vaccine that the whole globe is using nowadays [3].

The medication can be used in a dilution of 32 CH (for the treatment of the acute phase of SARS-CoV-2 infection) and it is the medication of choice in this infection because it is a highly diluted medication without side effects in terms of reducing the vital energy of all these patients that are very low, as shown by myself (2021) in the article entitled *Energy Alterations and Chakras' Energy Deficiencies and Propensity to SARS-CoV-2 Infection* and in the article also written by myself (2021) entitled *Why Homeopathy Is the Medication of Choice In The Prevention And Treatment of COVID-Infection-19?* [3,56].

The potency of the highly diluted oral "vaccine" for prevention of SARS-CoV-2 infection used in the prevention of COVID-19 used in this article was 200 CH and the results are demonstrated in Table 11 and Table 15, where I am showing that the use of the highly diluted oral "vaccine" for the prevention of SARS-CoV-2 infection could be better than using the injected vaccine (3,28% to 9% of chance of acquiring COVID-19) if using highly diluted oral "vaccine" compared to the use of the highly concentrated injected vaccine for the same prevention of SARS-CoV-2 infection. The second difference was the security of administration of this kind of highly diluted oral "vaccine" because until today, there are no adverse events reported when using this kind of prevention (the only thing could be some manifestation of symptoms of diseases when used a very high dosage of the homeopathy medication), contrary to when using the injected vaccines nowadays, which are presenting many side effects and even death, as reported by CDC (74% of all deaths after receiving any kind of vaccine since 1900 occurred in one year, after beginning the SARS-CoV-2 vaccination in 2021) [4].

The other reason to choose the use of this kind of highly diluted oral "vaccine" to the prevention of SARS-CoV-2 infection is that it does not require a freezer to guard the medication, and it does not necessitate trained nurses to do the administration of this vaccine (because it is given orally to the patient 10 globules once a week and the same bottle can be used by the whole family) [57].

In this study, I am showing in Table 6 that from the total of 108 responders to the questionnaire, 33 (30,56%) of the patients were given the oral highly diluted "vaccine" for the whole family, 14(42,42%) were males and 19 (57,58%) were females and this report was important to increase the information for the patient to the necessity of giving this type of oral "vaccine" for the whole family, independent of the diagnosis or age group because of the facility to give to all member of the family and with quite no side effects.

In the editorial article written by Teixeira (2017) entitled *To those who cry out scientific evidence in homeopathy*, in order to explain and clarify to the society and the medical professionals in general, it was prepared a special dossier entitled "*Scientific evidence in Homeopathy*" by the Chamber Homeopathy Technicians of the Regional Council of Medicine of State of Sao Paulo (CREMESP). In this document, they bring the world panorama of homeopathy as a medical specialty and the inclusion of this curricula in the medical faculties and other views regarding the revisions of research in the homeopathy field. In this article, they are also affirming the necessity of incorporating the teaching of homeopathy and acupuncture into the curricula of medical faculties of numerous countries. They are emphasizing the use of homeopathy medications because of side effects caused by modern medications nowadays and all these affirmations were based on using ethical principles and focusing on the safety of the patient when using this kind of medication [58].

In this article, the patients used only half the dosage of the oral "vaccine" for the prevention of SARS-CoV-2 infection (because I understood that the dosage was 5 globules per week, and only after writing this article, I realize that the dosage recommended by the pharmacy that produced the oral "vaccine" was 10 to 20 globules per week- depending on the grade of exposition of the patient and not only 5 globules per week as I gave in this study in all my patients). For this reason, the result using the adequate amount could or not be different from the result found in this study if used

a higher dose of highly diluted oral "vaccine" (10 or 20 globules per week instead of only 5 globules given in this study) [55].

Another point that I would like to emphasize is that there is the necessity of using the highly diluted medications to tone the energy of the five internal massive organs (Liver, Heart, Spleen, Lungs, and Kidney) because if you only give medication to prevent the infection of this SARS-CoV-2 virus but do not treat the immune-suppressed state of the patient (that is composed by quite the entire population in this world due to the influences of the electromagnetic waves in our health leading to reduced energy in the five internal massive organs, mainly the Kidney's energy, responsible for the production of *Zheng-Qi*), important to prevent the invasion of external pathogenic factor inside the body (as I am saying in the article written by myself (2021) entitled *Why Do Patients Still Have the Potential to Transmit COVID-19 Despite Receiving Vaccinations?*), the patient will have the potential to keep the transmission of the SARS-CoV-2 virus through the adherence of this virus in the nose and throat, as showed in the article written by Stiepan (2021) entitled *COVID-19 infection among vaccinated people: What you need to know*. In this article, the results of the combination of using a highly diluted oral "vaccine" with highly diluted homeopathy medication (Phosphorus, Sulphur, Calcarea carbonica, Silicea, Natrum muriaticum) is shown in Table 8, where 60,75% of patients who used this association, did not evolve to SARS-CoV-2 infection [2,43].

This percentage is as good as the total of people who used the injected vaccine and do not evolve to SARS-CoV-2 infection, as shown in Table 16. In this Table 16, 60,71% of the responders to the questionnaire received the injected vaccine and did not evolve to SARS-CoV-2 infection until the date of the questionnaire, but from this group, 52,84% of patients were using a highly diluted oral "vaccine" combined with a highly diluted homeopathy medication to replenish the energy of the five internal massive organs. The main important difference between these two groups was the possibility of side effects, mentioned earlier, and published in many articles worldwide when using a highly concentrated injected vaccine for the prevention of SARS-CoV-2 infection [5,43,45].

In this article written by myself (2021) entitled *Why Do Patients Still Have the Potential to Transmit COVID-19 Despite Receiving Vaccinations*, I am saying that the patient still has the potential

to transmit SARS-CoV-2 through the nose and throat because the injected vaccine is not treating the immune suppression state caused by low energy pattern of the population nowadays. For this reason, independently of the type of vaccine that people are using (if a highly diluted oral “vaccine” or a highly concentrated injected vaccine), there is a necessity to increase the energy of the five internal massive organs to increase the vital energy, reducing the chance to produce internal Heat, responsible for the adherence of the virus in the cells of nose and throat [43].

These organs are also responsible for the production of internal energy of *Yin, Yang, Qi*, and Blood, important to keep our health and immune system working. The disequilibrium between them can cause the appearance of symptoms and diseases and the formation of internal Fire or Heat, responsible for many emotional or physical symptoms such as anxiety, panic syndrome, diabetes, hypertension, infections, cancer, etc., as you can see in Figure 7 [11-18].

In the article written by myself (2021) entitled *Is the Mandatory Implementation of a Passport for COVID-19 Vaccine Reduce the Transmission or Not?* I am saying that the use of only injected SARS-CoV-2 vaccine cannot prevent the transmission of the virus because the population is still immunocompromised and not immune-competent as many physicians believe they are [59].

So, the treatment includes the use of highly diluted medications to replenish the internal massive organs (Liver, Heart, Spleen, Lungs, Kidney) every four to eight weeks (depending on the potency that the patient is using at that time), to treat each internal massive organ (that is having lack of energy) is of paramount importance nowadays, to fortify the immune system of the population that is very compromised (leading to maintenance of the dissemination of the virus in our nose or throat, if you do not treat the cause of reduction of our energy, causing low *Zheng-Qi*), as I am explaining in the article wrote by myself (2021) entitled *Is SARS-CoV-2 Strong or Our Body Is Weak?* [42].

In the article, I am showing that the reduced energy inside the five internal massive organs is happening in the entire population in this world including babies, children, adolescents, young adults, and older patients, and the use of these medications to replenish the energy of the entire population in this world will enhance the immune system and will prevent not only the formation of SARS-CoV-2 infection but all kinds of diseases, as I am showing in the

article written by myself (2021) entitled *How Can We Prevent COVID-19 And Other Diseases at The Same Time?* [60].

In this article, I am not saying that the injected vaccine for the prevention of COVID-19 was not important. According to the article written by Li., *et al.* (2021) entitled *The Effect of the COVID-19 Vaccine on Daily Cases and Deaths Based on Global Vaccine Data*, the authors demonstrated through their study by analyzing the impact of vaccination on 187 countries and showed that 1,011,918,763 doses of COVID-19 vaccine were administered during the period of study, 540,623,907 people received at least one dose of SARS-CoV-2 vaccine, and 230,501,824 people received two doses. The result of this vaccination was a reduction of 24,43% and a 7,5% reduction in this infection per day. And also, a reduction in deaths by 13,32 and 2,02% per day [61].

The reason I included in the questionnaire if the patient was using any type of highly concentrated medication to treat their health condition (Table 17) was to evaluate the number of patients using this kind of medication because as I showed in Figure 4, when using a highly concentrated medication, our vital energy will drop and also, our immune system, as I am showing in the article written by myself (2021) entitled *Why Medications Used Nowadays Are Harmful to Our Health?* [62].

But in this article, I want to show that, due to the new type of population that this globe is facing nowadays, the safest type of vaccine to be used in this new pattern of the population that we have nowadays, needs to be a highly diluted “vaccine” and not a highly concentrated vaccine, to reduce the complications that we are facing in some patients that are using this type of protection against COVID-19 [63].

The highly diluted medication (Table 25) used to tone the five internal massive organs are described in many publications, as shown by me in the article written by myself (2021) entitled *Energy Alterations and Chakras' Energy Deficiencies and Propensity to SARS-CoV-2 Infection* and in another article also written by me (2021) entitled *How Can We Prevent COVID-19 And Other Diseases at The Same Time?* The medications used to tone the internal five massive organs are described in Table 45. To tone the Liver, I use Phosphorus. To tone the Heart, I use Sulphur. To tone the Spleen, I use Calcarea carbonica. To tone the Lung, I use Silicea. To tone the Kidney, I use Natrum muriaticum. The medications should be

used at 30 CH in the first month. At 200 CH in the second month. At 1000 CH in the third month. At 10.000 CH in the fourth month. And in 50.000 CH in the fifth month. After this potency, this last potency (50.000 CH should be repeated for each 8 weeks for the entire life of the patient) because the reduction in the vital energy of the organs was caused by the influences of the electromagnetic waves due to the modernization of telecommunication [3,60].

Chakras	Five Elements	Homeopathy Medications
1 ^o Chakra	Wood/Liver	Phosphorus
2 ^o Chakra	Water/Kidney	Natrum Muriaticum
3 ^o Chakra	Fire/Heart	Sulphur
4 ^o Chakra	Metal/Lung	Silicea
5 ^o Chakra	Earth/Spleen	Calcarea Carbonica
6 ^o Chakra	Water/kidney	Tone 2 ^o chakra
7 ^o Chakra	Wood/Liver	Tone 1 ^o chakra

Table 25: Homeopathy medications used to replenish the internal five massive organs (Liver, Heart, Spleen, Lungs and Kidney).

So, the medications should be used by diluting 20 drops of the medication in 20 ml of water each day, independent of the potency of the homeopathy medication used [63].

To do the prevention of SARS-CoV-2 infection, we need to treat the immunodeficiency state caused by the electromagnetic radiation, improve our immune system and give the vaccine according to the new type of population that we have nowadays, that are immune suppressed and not immunocompetent, as I am showing in the article written by me (2021) entitled *Are We Vaccinating Immunocompetent or Immunocompromised People for COVID-19?* [5].

If you give a vaccine for prevention of this infection, in this case, I am showing that the safest vaccine in this pandemic is the use of a highly diluted oral vaccine made by SARS-CoV-2 nosode, using the secretion of patients proofed infected by SARS-CoV-2, because the population that we are having nowadays are very compromised in energy inside the five internal massive organs and the use of any kind of highly concentrated vaccine in this situation, can induce a reduction in this vital energy and produce many other side effects, as I showed in some articles reported in the literature about the formation of strokes, thrombosis, myocardial infarction, etc. after receiving highly concentrated medications in the treatment of any kind of disease nowadays [53].

This theory is contrary to what Western medicine advocates because they usually use medications contrary to what they are facing at that moment, such as when the patient has a fever, they usually use medication to take out a fever. If the patient has pain, they give medication to take out pain (using painkillers or anti-inflammatory medications) [13,14].

In this case, to prevent the COVID-19, they used secretions from patients infected by SARS-CoV-2 and diluted this secretion many times, according to pharmacopeia homeopathy in Brazil, to give this same medication to a person infected by SARS-CoV-2. They found that at 30 CH, the PCR made in the sample was negative but when they use the medication at 28 CH, they could find SARS-CoV-2 in that sample [55].

This medication produced by the secretion of patients with SARS-CoV-2 is a very good and safe option for the patients infected by SARS-CoV-2 because 100% of the patients infected by this virus have very low energy inside the internal five massive organs in the background and if we use any highly concentrated medication to treat this kinds of patients, the energy will drop and will cause bad evolution, as I am showing in the article *Why Homeopathy Is the Medication of Choice In The Prevention And Treatment of COVID-19 Infection?* [56].

In this article, I am showing two cases of patients that had COVID-19, the first was a 39-year-old male patient that was discovered to have SARS-CoV-2 infection and went to the hospital and they gave him Hydroxychloroquine, Ivermectin, and Azithromycin. After one week of intaking, the medications his mother-in-law called me and ask my opinion about the medication he was using. At that time, I orientate him to stop the medication that he was using (because all of them were considered highly concentrated medications that could reduce even more the vital energy of the patient and could evolve to more complications such as dyspnea, thrombosis, or even death). I orientate them to begin to use only SARS-CoV-2 nosodium, the medications orientated by me to treat this infection. The patient decided to intake both kinds of medications and did not stop to use the first highly concentrated medications recommended to him [56].

The second patient was a 68 years-old female patient with a history of SARS-CoV-2 infection and was also using the same medications to treat this infection, reported in case one

(Azithromycin, Hydroxychloroquine, Ivermectin). But she called me to ask about this treatment and I orientate her to stop the medication that she was using and start only using SARS-CoV-2 nosode. This patient follows strictly what I said stopping the first group of medications (Azithromycin, Hydroxychloroquine, Ivermectin) and she improved very much from this infection and after three days, she was cured [56].

The first patient, even being younger (39 years old) than the second patient (68 years old), needs to be admitted to the hospital and was intubated and died after one week [56].

In all these cases that I am showing to you to see the different outcomes both patients have only changed the type of medications that they were intaking to treat the infection [56].

The problem is not whether the medication is good or not (*in vitro*) but if you give the medication to these patients, if it is highly concentrated medications, you can reduce the vital energy and cause the majority of complications because all the process inside the patients' body depends on the energy to work properly as I am showing in the article written by myself (2021) entitled *Does in Vitro Studies Demonstrate the Same Drug Action on the Patient?* [56,64].

If you give medication that will reduce even more this energy, all the functions of the human body can stagnate, including the normal flowing of the Blood inside the blood vessels and can cause myocardial infarction, thrombosis in any part of the body such as central nervous system, abdomen, pulmonary, legs, etc. as I am showing in the articles I wrote (2021) entitled *Chakras' Energies Deficiencies as the Main Cause of Myocardial Infarction without Arterial Obstruction* and in another article also written by myself (2022) entitled *Energy Alterations in Patient with Deep Vein Thrombosis and What do We Need to do in Addition to the Use of Anti-Coagulant Medications?* [23-26].

In another article that I wrote (2021) entitled *Chakras' Energies Alterations in Patients with Chronic Gastritis*, I am showing that patients that presented chronic inflammatory process in the mucosa of the Stomach, have energy deficiency in the fifth chakra, which is causing the formation of internal Heat, responsible for the formation of internal Fire, inducing the formation of hyperemia in the Stomach mucosa. The use of a Proton-pump inhibitor could

cause a reduction of this lack of energy and cause worsening of the symptoms instead of improvement, as I am showing in the three cases reported showed in this article [65].

I am writing all these situations to the reader to understand what I want to say in this article, to show that all clinical manifestations of infection or complication in the formation, and treatment of a variety of diseases nowadays, are based n the energy alteration induced by the use of different kinds of medications, as Western medicine does not study this energy part of the human being yet, I am demonstrating through diverse publications written by myself until today, that the new energy pattern of our population is not the same as in the past, showed in the article *Is the Population in the World the Same as in the Past?* [11].

Only to you to understand, the reason behind the formation of myocarditis after the COVID-19 vaccination could be explained through the energy alterations that the patient presented prior to COVID-19 pandemic (as I am showing in the article *Energy Alterations and Chakras' Energy Deficiencies and Propensity to SARS-CoV-2 Infection*) and the use of this kinds of injected vaccines for prevention of SARS-CoV-2 infection can reduce the vital energy, that was already very low prior to the vaccination, and cause tachycardia symptoms (because as I am showing in this study, the clinical manifestation is caused by the energy alterations generated by the energy disturbances presented by the patient prior to the vaccination and depending on the type of medication or vaccine that he is receiving, the patient will drop even more this vital energy, and will generate more internal Heat or Fire inside the body, responsible for the clinical manifestation of tachycardia, as I am showing in the article written by myself (2021) entitled *Energy Imbalances and Chakras' Energy Deficiencies as One of the Cause of Tachycardia*, because it is generating internal Fire [3,66].

The same reasoning, we can use when the patient is facing myocarditis, (because in the energy point of view, the inflammatory process in the myocardial tissue, could be caused by the formation of internal Fire, generated by the formation of internal Fire in the Liver, that is sending this energy disharmony to the Heart, as I am showing in the Generation cycle, in Figure 8 [66].

All the alteration causing the infectious disease has in the background, energy deficiency in the five internal massive organs, as I am showing in the article entitled *What have behind in all kinds of infections that we need to know?* [17].

In this article, I am showing that all infectious diseases have in the background energy deficiency in the five internal massive organs and in the case of SARS-CoV-2 infection, the infection is considered only the "tip of the iceberg" and there is the necessity of treating this energy deficiency state in all cases of infection because each infection is only the clinical manifestation that something is wrong in the "root" of the tree [17].

Another point for you to understand what I want to explain in this article is that, for example, when the patient has Crohn's disease, the inflammatory process in the large intestine and in the small intestine, could be caused by the lack of energy inside the internal five massive organs or chakras' energy centers, as showed in the article I wrote (2021) entitled *Energies Alterations and Chakras Energies Deficiencies in Patient with Crohn's Disease* and in the second article I wrote (2021) entitled *Energies alterations and Chakras' energies deficiencies in a patient with ulcerative colitis* [67,68].

In all these cases, I am demonstrating the treatment in the "leaf" level of the tree (by Western medicine) and also, the energy alteration in the "root" of the tree (studied by traditional Chinese medicine), and the treatment of this condition, of lack of energy inside the five internal massive organs, is of paramount importance for the treatment of the majority of the population in this globe, as I am showing in the article I wrote (2021) entitled *How Can We Prevent COVID-19 And Other Diseases at The Same Time?* [60].

In this article, I am demonstrating the majority of emotional and physical problems presented by the patients nowadays have energy deficiency inside the five internal massive organs, and I can show them in the article I wrote by myself (2021) entitled *Energy Alterations and Chakras' Energy Deficiencies and Propensity to SARS-CoV-2 Infection*, where in this article, I am showing many references written by me to explain the energy alteration in the formation of the majority of infection or non-infectious conditions [3].

So, in this case, I told you that the prevention of SARS-CoV-2 infection was higher in the oral "vaccine" (only 3,28% had SARS-CoV-2 infection after receiving only a highly diluted oral "vaccine" compared to 9% of the patients that received only injected vaccine had this infection). The second reason why the safest vaccine to give to this new pattern of the population that we have nowadays should be a highly diluted "vaccine", instead of highly concentrated

vaccines due to the new pattern of energy that quite the whole population in this world is suffering because of the influences of the modernization of telecommunication (because the need to have electromagnetic waves in quite all globe), and affecting the energy of the human being, as I am showing in the article I wrote (2021) entitled *The Influence of Cell Phones and Computers on Our Immune System* [69].

But we can notice that the formation of disease nowadays is different from 10 or 20 years ago when cancer was affecting older patients but nowadays, we can notice that cancer is affecting more younger patients, as shown in the article written by Kentsis (2020) entitled *Why do young people get cancer?* [70].

In the case of patients with myocardial infarction, we can see that this pathology is affecting younger patients also, instead of older ones because of the influences of this electromagnetic radiation, which is causing a weak state of the energy of all human beings, as I am showing in the article I wrote (2021) entitled *Chakras' Energies Deficiencies as the Main Cause of Myocardial Infarction without Arterial Obstruction* and in the second article I wrote (2022) entitled *Myocardial Infarction without Arterial Obstruction in Patient Post COVID-19 Treatment* [23,24].

In the case of a highly diluted oral "vaccine" to protect our population against SARS-CoV-2 infection, it is important to say that the potency should be higher (200CH) than the potency of the medication used in the treatment of the infection (32CH) [49].

Normally, what they recommend is the use of SARS-CoV-2 nosode or highly diluted oral "vaccine" at 200CH for prevention of SARS-CoV-2, 10 to 20 globules every week [55].

What I want to say is that if we give this same medication but still do not treat the immune-suppressed state that quite all the population is presenting nowadays, we will not improve the immune system of the individual, because the majority of them are considered immune suppressed, by the influences of this radiation, as I am showing in the article I wrote (2021) entitled *Influence of Cell Phones and Computers on Our Immune System*. In this case, the transmission of SARS-CoV-2 will continue, despite receiving the vaccination (injected or orally), if we do not treat the whole population immune suppressed state [69].

For this reason, in this article, I am showing that the type of vaccine that we need to give to our population nowadays is a highly diluted oral “vaccine” and not a highly concentrated vaccine to improve the vital energy of all five internal massive organs, that are responsible for the production of *Yin, Yang, Qi* and Blood, responsible for all the function and keep our health and our immune system. If we give a highly concentrated vaccine, we will worsen the condition of the normal flow of the Blood inside the Blood vessels because to circulate Blood, we need to have *Yin, Yang, Qi*, and Blood in adequate amounts, and using highly concentrated vaccines, we will reduce all these energies necessary to the normal flow inside the Blood vessel, lead to more stagnation of Blood in any part of the body, as I am demonstrating in many articles written by myself (2022) such as in the article I wrote (2022) entitled *Energy Alterations in Patient with Deep Vein Thrombosis and what do need to do in Addition to the Use of Anti-Coagulant Medications?* [3,5,13-15,27].

As I am demonstrating in so many articles written by myself (2021), the majority of emotional and physical diseases came from energy deficiencies in the five internal massive organs that are responsible for the external sensorial organs and for the production of energy in our lives, as I am showing in Table 24 [60].

If all these energies are very compromised, these alterations are responsible for the formation of many other diseases such as hypertension, diabetes, myocardial infarction, strokes, cancer, etc., and the other emotional and psychological disease such as depression, anxiety, panic syndrome, etc. [13-15,23-27].

The reasoning used to construct this highly diluted oral “vaccine” began in Germany with Christian Friedrich Samuel Hahnemann, that was born on April 10, 1755. He created a new therapeutic method using highly diluted medications to treat his patients. All this thought began when he was translating William Cullen’s *Materia Medica* treatise in 1790, which was reporting the healing properties of *Chinchona officinalis* (or quinine) against malaria. He tested this substance on himself and discovered that *Chinchona* caused the same symptoms similar to the disease it was curing (malaria) [71].

Hahnemann experimented many other drugs such as opium, arsenic, mercury, belladonna, and digitalis and confirmed that each medication causes a disease similar to the disease they were

treating. This is the principle used by homeopathy that is “like cures like” [71].

This principle of treatment was used by Hippocrates (460 bce - 375 bce), the father of medicine, that said that “disease could be fought using substances that caused similar symptoms”. This same theory was mentioned in India 2 millennia before. In the 16th century, Paracelsus (1493-1541) said that “poisons administered in small doses could cure diseases” [71].

In 1831, Hahnemann using this kind of thought helped to contain epidemic of cholera in Europe. Since then, it aroused international interesting and he gained support in France and it was formed homeopathic society in USA [71].

Using the reasoning used by Hahnemann (1755 - 1843), it was created the highly diluted oral “vaccine” for the prevention of SARS-CoV-2 infection to be used nowadays, for the prevention of COVID-19 in our population [71].

Homeopathy is the medication of choice in the treatment of a variety of diseases nowadays, due to the alteration in the energy pattern of the global population, as I am showing in the article written by myself (2021) entitled *Is the Population in the World the Same as in the Past?* [11].

But nowadays, the physicians that are using homeopathy to treat their patients can prove that homeopathy can cure the disease but they still cannot understand the mechanism of action of this kind of medication and for this reason, difficult to explain for the international scientific community to understand the mechanism of action of homeopathy to be recognized worldwide, as Hahnemann (1755 - 1843) had this problem when he discovered this new type of therapy [71].

For this reason, when I began my homeopathy course in 2015, I concluded that homeopathy was a very good type of medication to be used in this new type of population that we were treating nowadays but I felt that homeopathy physician needs to describe the symptoms that each medication could treat without understanding the mechanism of action of each drug [11].

According to the book written by Manning and Vanrenen (1993) entitled *Bioenergetic Medicines East and West: Acupuncture and Homeopathy*, they are saying that homeopathy works like

bioenergy, the same action as acupuncture in traditional Chinese medicine. So, homeopathy works similarly to bioenergy and follows the energy flow used by acupuncture physicians to treat patients and cure their diseases [72].

For this reason, I began to write a new theory (2020) in homeopathy entitled *Constitutional Homeopathy of the Five Elements Based on Traditional Chinese Medicine* (shown in Figure 9), linking the reasoning used by Hahnemann using highly diluted medications to tone the five internal massive organs, that according to traditional Chinese medicine, is the cause of formation of all diseases, because they say that all diseases came from emotional disturbances and each emotion is correlated to each internal five massive organs, as I am showing in Figure 10 [41].

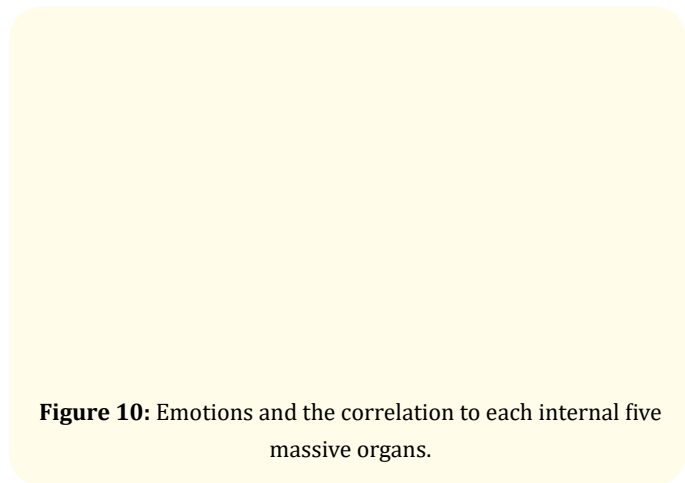


Figure 10: Emotions and the correlation to each internal five massive organs.

In this new theory in homeopathy, I am saying that, according to traditional Chinese medicine thoughts, all diseases came from energy imbalances of the five elements and the treatment of all these five elements could treat all formation of diseases at the same time, even the doctor does not know that the patient has such symptom [15,41].

In this theory, I am using 5 homeopathy medications to tone the five internal massive organs. For example, I use Phosphorus to tone the Liver, Sulphur to tone the Heart, Calcarea carbonica to tone the Spleen, Silicea to tone the Lungs, and Natrum muriaticum to tone the Kidney [41].

The potency of these medications should be used in the beginning at 30 CH. I usually begin the sequence of medication using Sulphur on the first day, Calcarea carbonica on the second day,

Silicea on the third day, Natrum muriaticum on the fourth day, and Phosphorus on the fifth day. Recently I am using all five medications in the same bottle but the homeopathy pharmacy needs to prepare the medication following the generation cycle sequence (Sulphur, Calcarea carbonica, Silicea, Natrum muriaticum, Phosphorus) [27].

In the second month, we can increase the potency of the homeopathy medications to 200 CH [27].

In the third month, you can increase the potency of the homeopathy medications to 1000CH [27].

In the fourth month, you can increase the potency of the homeopathy medications to 10.000 CH [27].

And after, you can give the medications at 50.000 CH and the patient can keep using this potency by repeating the same sequence every 6 or 8 weeks (using the five homeopathic medications mentioned in Table 25 and in Figure 11) [41].

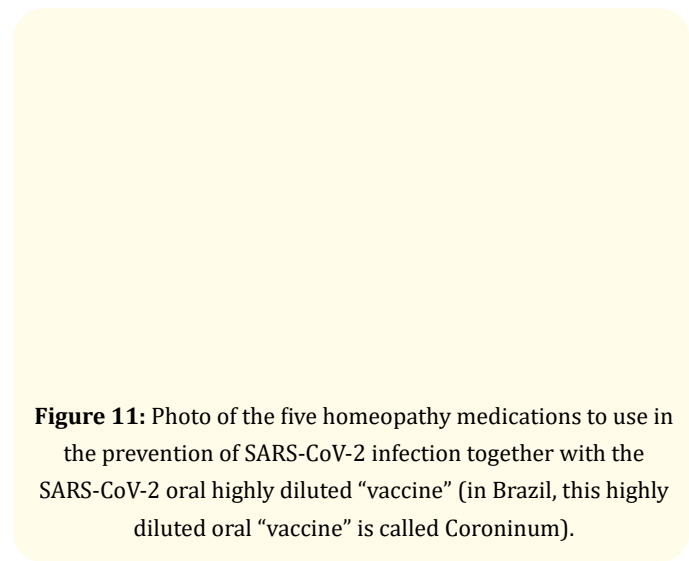


Figure 11: Photo of the five homeopathy medications to use in the prevention of SARS-CoV-2 infection together with the SARS-CoV-2 oral highly diluted “vaccine” (in Brazil, this highly diluted oral “vaccine” is called Coroninum).

The homeopathy medications (Sulphur, Calcarea carbonica, Silicea, Natrum muriaticum, and Phosphorus) were used together with the highly diluted oral SARS-CoV-2 “vaccine” which can be seen in Figure 11 [41].

All the medications should be given using 20 drops of medication in 20 ml of water, and you need to use the medications following the Generation cycle of the five elements, as I am showing in Figure 8 and in Figure 11 [27].

Normally, I usually orientate the patients to intake the medications beginning with Sulphur, after Calcarea carbonica, after Silicea, after Natrum muriaticum, and after, Phosphorus as I am showing in Figure 11 [41].

The medications can be used for the whole family for their whole life because in my clinical experiences if the patient stops using the highly diluted homeopathy medications to replenish the energy of the five internal massive organs, they will become ill again [26].

In the treatment of the acute phase of SARS-CoV-2 infection, it is recommended by some physicians, to use simillimum highly diluted medications to treat the SARS-CoV-2 infection such as Bryonia alba, Phosphorus, Carbo vegetables, Kali carbonicum, and Chlorum [55].

But in my clinical practice, the use of SARS-CoV-2 nosode at 32 CH is the medication of choice in the treatment of this kind of infection because it is fitting to this new pattern of energy that the entire population is suffering (that is characterized by low energy pattern) and will not harm the vital energy, that was proofed very low, in the majority of the populations nowadays. According to Hahnemann’s (1755 - 1843) and Hippocrates’ (460 bce - 375 bce) experience, we can use the substances that are causing the symptoms but in an infinitesimal dilution and this medication can cure this disease caused by this same substance. For this reason, it was used the highly diluted medications made by secretions of patients that proved suffering from SARS-CoV-2 infection and it was diluted according to Brazilian pharmacopeia into a potency that the PCR of the virus was not detected anymore [3,56].

But what I want to say to finalize this article is that the infection is only the “tip of the iceberg”. The entire process that is “sick” in the human being is under the water line, and all patients suffering from SARS-CoV-2 infection need to treat the energy deficiency inside the five internal massive organs, which is causing the propensity to have this infection. The bad evolution that needs to admit them to the hospital or UTI, is not the infection itself but due to the type of medication used to treat this infection, as I am showing in the article *Is the Medication used in Intubation of Patients with Covid-19 Affecting the Outcome of the Patient’s Treatment?* [3,73].

So, if the intention is to prevent the evolution of patients being admitted to the intensive care unit or in the hospital, we need to choose which kind of medication we need to use to avoid the complications caused when we use highly concentrated medications

in this new type of population that we have nowadays. The use of oral highly diluted “vaccines” for prevention of SARS-CoV-2 was designed for this specific population that we have nowadays, and in this case, using this kind of prevention, we will increase the vital energy of the person, and in this case, will improve their immune system (because in traditional Chinese medicine, energy is our immune system and if our energy is low, our immune system is already low). The use of highly diluted medications to replenish the energy inside the internal five massive organs (Liver, Heart, Spleen, Lungs, Kidney) will improve the immune system of the patient and together with the use of highly diluted oral “vaccine” for prevention of SARS-CoV-2 infection, will reduce drastically the incidence of this infection, compared to patients that only used injected vaccine to prevent COVID-19 [3,43,56].

According to The Declaration of Geneva adopted by the World Medical Association, approved in 1983, they are saying in one of their states that “I will exercise my art with conscience and dignity” and in the second state is that “My Patient’s Health will be my first concern” [74].

In this case, this study is only evaluating the cases that reduced or not the incidence of COVID-19 infection using highly concentrated injected vaccine or highly diluted oral “vaccine” but if we take into account the costs involved in the implementation of injected vaccination, the necessity of having adequate freezer to keep the vaccine in adequate temperature, proper trained persons to administer the injected vaccine, the side effects produced by these injected vaccine (the normal side effects such as pain, redness, fever, etc. and the other side effects that we do not know until now what could be happening in the future with all these people regarding the possibility of auto-immune disease, infertility, cancer, etc.) or even thrombotic events, myocarditis or even death, it is plausible to choose a therapy for our patients to prevention some disease that have good results as good as using injected vaccine, but with low costs, with no necessity to have trained persons to administer, with no side effects reported and also, has the potential to prevent the formation of any chronic disease (emotional or physical disease) such as depression, anxiety, panic syndrome, or diabetes, hypertension, myocardial infarction, strokes, auto-immune diseases, all kinds of cancer, etc. as I am showing in the article wrote by myself (2021) entitled *How Can We Prevent COVID-19 And Other Diseases at The Same Time?* [13-15,23-27,60].

This highly diluted oral “vaccine” is the type of vaccine of choice in pregnant women because in the research that I did in my clinic in Brazil and shown in the article written by myself (2021) entitled *What Measures Can We Take to Prevent COVID-19 Infection in Pregnant Women?* I am saying that the majority of pregnant women nowadays have energy deficiency in the five internal massive organs and there was a case documented in my country of pregnant women that died after receiving the injected COVID-19 vaccine in May 2021. After this case, the vaccination in pregnant women stopped for one month but returned after this period, In pregnant women, most diseases are related to this lack of energy inside the five internal massive organs, and for this reason, explained in this article, the use of any kind of highly concentrated medication of highly concentrated vaccine could reduce even more the vital energy of all these patients, that are very low, and cause stagnation of Blood inside the blood vessels and cause thrombosis, myocardial infarction, strokes or even death, as occurred in this pregnant women in Brazil. All these alterations are in the energy level and we cannot see with the naked eyes and for this reason, it is difficult to have alterations in the laboratory exams. In this case, when using highly diluted medications according to the theory written by myself (2020) entitled *Constitutional Homeopathy of the Five Elements Based on Traditional Chinese Medicine* and also, highly diluted oral “vaccine” for the specific prevention of COVID-19, we can prevent the formation of any kind of disease in pregnant women, since the prevention of urinary tract infection, the development of thrombosis, myocardial infarction, strokes, cancer, pre-eclampsia, eclampsia, etc. and also, allow the growth of the child with more energy and preventing him to born with low energy and energy is very important to normal growth of our children and intelligence and many other functions for our children [42,60,75].

As an illustration of what I said, it was reported in the article written by Lamptey (2021) entitled *Post-vaccination COVID-19 deaths: a review of available evidence and recommendations for the global population*, 39-year-old Alabamian women with no underline disease died 4 days after receiving the second dose of Moderna vaccine (mRNA-1273) [76].

In this same article, the author is showing that CDC reported a relationship between a blood clot and low platelet condition with Johnson and Johnson’s Janssen COVID-19 vaccines [76].

Regarding the evaluation of children’s energy pattern, they are also having a lack of energy inside the five internal massive organs since they are born, as I am reporting one baby of 4 months that was having rhinitis symptoms and in his evaluation of the energy inside the five internal massive organs, using radiesthesia procedure, he was having no energy in any organ (Liver, Heart, Spleen, Lungs, and Kidney) and for this reason, the use of any kind of highly concentrated medication or highly concentrated vaccine in this kind of children, can reduce the vital energy and could be fatal, as reported in some articles [77].

In the article written by myself (2021) entitled *Why are Pediatric Patients being infected with Sars-Cov-2 and Becoming Sick?* I am saying that babies, children, and adolescents are all in the lowest level of energy inside the five internal massive organs also and there is a necessity of using highly diluted medications (homeopathy according to the theory *Constitutional Homeopathy of the Five Elements Based on Traditional Chinese Medicine*) to replenish the energy of the five internal massive organs to fortify these group of patients and also using highly diluted medications in the treatment of COVID-19. In the case of vaccine, it is recommended the use of a highly diluted oral “vaccine” to prevent this infection due to the new pattern of energy deficiency that I found in quite all my patients in the pediatric group [77].

In the article written by Lamptey (2021) entitled *Post-vaccination COVID-19 deaths: a review of available evidence and recommendations for the global population*, it was reported a case of a 13-year-old boy that died 3 days after receiving the second dose of the COVID-19 injected vaccine, on June 17, 2021 [76].

In another article written by myself (2021) entitled *Why Is Homeopathy the Medication of Choice for Treating Diseases in Elderly Patients*, I am showing a survey that I did in a nursing home in Brazil, studying the energy of the five internal massive organs using radiesthesia procedure measuring the energy using a crystal-pendulum and what I found in these group of patients (that has the age varying between 57 to 95 years old, I concluded in this research that 100% of the patients analyzed had energy in the spiritual chakra (seventh chakra). In relation to the sixth chakra, which corresponds to memory and concentration, 61,54 had no energy in this chakra. Analyzing the fifth chakra (Spleen), 80,77% had no energy in this chakra. In relation to the fourth chakra (Lung) 84,62% had no energy in this chakra energy center. If you study the

third chakra (Heart), you can see in this study that 92,31% of the patients do not have energy in this chakra's energy center and the same result I found in the second chakra (Kidney), that 92,31% of the patients evaluated do not have energy in the Kidney and also, the same amount to the first chakra (Liver), that 92,31% of the patient do not have any energy in this organ [78].

In the same article written by Lamptey (2021), he is saying that Norwegian health officials said that many aged people died as a result of the COVID-19 vaccine [76].

The CDC from December 14, 2020, to July 19, 2021, recorded 12.313 reported deaths among people who received these injected vaccines for the prevention of SARS-COV-2 infection. On July 4th, 2021, the European Medicine Agency (EMA) included deaths related to four of the authorized vaccines namely COVID-19 Jansen (Covishield -ChAdOx1_nCoV-19), Vaxzevria (AZD1222 Vaxzevria), Comirnaty (BNT162b2/COMIRNATY Tozinameran (INN), and Spikevax (mRNA-1273) [76].

Another possible cause that can increase the possibility of complications, reducing the vital energy of the patient is the use of metallic implants inside the body (dental implants, orthopedic titanium implants, any kind of metallic devices) as I am demonstrating in the article I wrote (2021) entitled *How is the Mechanism of Immunodeficiency Caused by Metallic Implants and What Can they Cause when Inside the Patient's Body*. Patients that have a history of metallic implants inside the body could have more energy deficiency due to the reduction of the vital energy that these metallic implants can cause inside the body and complicate the evolution of the patient that is having symptoms of COVID-19 or other symptoms [79].

In the article written by myself (2021) entitled *What do we Need to Learn from the COVID-19 Pandemic?*, I am showing the necessity of taking into account the energy alterations inside the human body in the diagnosis and treatment of a variety of diseases because what modern medicine is doing nowadays, is to treat only the materialization part of the energy imbalances inside the human being but the real cause of all formation of disease is in the "root level" of the tree, showed in Figure 1. For this reason, the reformulation of the medical curriculum all over the world is very important to begin to teach the new doctors that are formed in the medical faculties to prescribe medications and vaccines adequate to

the new type of population that our world is presenting nowadays and stop to prescribe medications that are only causing a harmful effect to out energy, that is proofed very low [80].

Homeopathy is considered a medical specialty in my country (Brazil) since 1980 by the Federal Medical Council and it is considered the medication of choice (because it is highly diluted medications) for the treatment of the majority of disease nowadays (as I am showing in the article wrote by myself (2021) entitled *Why is Homeopathy the Medication of Choice in the Treatment of All Kinds of Diseases Nowadays?*, and in the article also wrote by myself (2021) entitled *Why Is Homeopathy the Medication of Choice for Treating Diseases in Elderly Patients* [29,78].

To finalize this article, I would like to say that the injected vaccine was an option to control this pandemic but it is not the only solution to have this result. There are other problems that the entire population in this globe is facing nowadays which are the influences of the electromagnetic radiation in our bodies leading us to a state of immune deficiency. For this reason, we need to treat the immune deficiency state that quite the whole population in this world is suffering from, and one of the possible treatments that we have nowadays is to use highly diluted medications for the entire life (to not keep the virus inside the nose and throat, to treat the immune-compromised state). The use of another type of highly diluted oral "vaccine" is designed to fit in this new pattern of energy presented by our patients nowadays, reducing the chance of severe adverse effects such as the ones caused by the injected highly concentrated vaccines used today. This affirmation was written by myself (2021) in the article entitled *Are the Vaccines the Only Solution to Control COVID-19 Pandemic?* [45].

To understand why a highly diluted oral "vaccine" is the vaccine of choice in the prevention of SARS-CoV-2 infection nowadays, we need to understand that the human being is formed by energy like all the universe that exists around us. The importance to have in mind the two kinds of medicine (traditional Chinese medicine and Western medicine) is symbolized in the metaphor of *Yin* and *Yang*, as I am showing in Figure 12. The part in black of the symbol, representing Western medicine, that corresponds to materialized energy, and what we can see with the naked eyes. The part in white represents traditional Chinese medicine, which corresponds to the energy that is still not materialized, invisible by the naked eyes [3,13-15].

Figure 12: *Yin* and *Yang* metaphor of traditional Chinese medicine and Western medicine’s reasoning in a holistic approach.

Conclusion

The conclusion of this study is that the type of vaccine that is safest to give to our population to prevent SARS-CoV-2 infection is highly diluted oral “vaccines” instead of highly concentrated vaccines due to the new pattern of energy that the population is having nowadays, in the five internal massive organs. To understand this issue, it is very important to understand the two kinds of medicine that exist nowadays (Western and traditional Chinese medicine) because one sees the human being as the materialized energy (visible by the naked eyes), and the other, in the form of energy (not visible by the naked eyes).

In this study, all patients that responded to the questionnaire applied in my clinic in Brazil were in the lowest level of energy (rated one out eight being one the lowest level and eight normal level) in the five internal massive organs (Liver, Heart, Spleen, Lungs, and Kidney) and this result could be happening in the whole population globally due to the influences of the exposition to electromagnetic radiation in our body, causing this drop in the human body, leading to a state of immune deficiency. The use of a highly concentrated injected vaccine can cause a major drop of energy in all these patients (according to Arndt-Schultz Law) and can cause stagnation of Blood inside any part of the body, causing several different symptoms such as myocardial infarction, strokes, thrombosis, or even other complications such as death, as shown by CDC, that 74% of all death since the beginning of the history of vaccines (1900) occurred in 2021 after implementation of global vaccination of COVID-19 prevention. In this study, I am showing

that 3% of patients that used only a highly diluted oral “vaccine” developed COVID-19, and 9% of patients that used a highly concentrated injected vaccine developed SARS-CoV-2 infection. There is a 3 times more chance to develop COVID-19 using injected vaccine compared to patients that used only a highly diluted oral “vaccine”. In this study, from the total of patients that used a highly concentrated injected vaccine, more than half of the patients in this group used a highly diluted oral “vaccine” associated with highly diluted medications and this could be the reason for not having SARS-CoV-2 infection. The use of highly diluted medication (according to the theory of *Constitutional Homeopathy of the Five Elements Based on Traditional Chinese Medicine*) to improve the vital energy of the five internal massive organs (Liver, Heart, Spleen, Lungs, and Kidney) is very important to improve the immune system of quite an entire population on this planet due to the immune deficiency caused by the chronic exposition to the electromagnetic waves that the human is constantly submitted, causing a drop in the vital energy leading to a state of immune suppression. So, the use of SARS-CoV-2 highly diluted oral “vaccine” is the safest type of vaccine for this new type of population that we are having nowadays because it is fitting to the new pattern of energy that our global population is having these days, it does not have any side effects documented until today, it does not necessitate specialized nurses to apply because it is oral administration and can be used safely to all kinds of age group (babies, children, adolescents, pregnant, older patients, immune-compromised patients, etc.) because all age group has the same energy alteration (characterized as very low energy inside the five internal massive organs, responsible for the production of internal energy to keep our health and vital energy in a level, and they work as our internal “battery”).

The use of highly diluted oral “vaccine” is strongly recommended to be used globally in all kinds of patients nowadays, independently of the age group and it is the safest option for prevention of this kind of infection due to the new type of population that we are facing on these days, not causing a drop in the vital energy, that is proofed very low, before the COVID-19 pandemic. More studies in this field need to be done using this kind of highly diluted oral “vaccine” in a greater number of patients to reaffirm what I said in this first study about the use of SARS-CoV-2 highly diluted oral “vaccine” for the prevention of COVID-19.

Bibliography

1. "WHO Coronavirus (COVID-19) Dashboard." World Health Organization (2022).
2. Stiepan DD. "COVID-19 infection among vaccinated people: What you need to know". *Mayo Clinic* August 5, (2021).
3. Huang Wei Ling. "Energy Alterations and Chakras' Energy Deficiencies and Propensity to SARS-CoV-2 Infection". *Acta Scientific Microbiology* 4.4 (2021): 167-196.
4. CDC (Centers For Disease Control And Prevention). "Safety of COVID-19 Vaccines". Updated Feb. 28, (2022).
5. Huang WL. "Are We Vaccinating Immunocompetent or Immunocompromised People for COVID 19?" *Journal of Vaccines Research and Vaccination* 7 (2021): 018.
6. Smith J., et al. "Vaccine production, distribution, access, and uptake". *Lancet* 378.9789 (2011): 428-438.
7. The History of Vaccines. "An Educational Resource by the College Of Physicians of Philadelphia". *Different Types of Vaccines* 17 (2018).
8. Riedel S. "Edward Jenner and the history of smallpox and vaccination". *Proceeding (Bayl Univ Med Cent)*. 18.1 (2005): 21-25.
9. Pulendran B and Ahmed R. "Immunological mechanisms of vaccination". *Nature Immunology* 12.6 (2011): 509-517.
10. Craik E. "The "Hippocratic" Corpus: Content and Context". *Routledge* (2014): 344.
11. Huang Wei Ling. "Is the Population in the World the Same as in the Past?". *Acta Scientific Clinical Case Reports* 2.6 (2021).
12. Huang WL. "What Do We Need to Know to Prevent and Control Nosocomial Infections Completely? - Part 2" *Acta Scientific Microbiology* 5.4 (2022): 33-47.
13. Huang Wei Ling. "Why Do Patients Still Catch Hospital Infections Despite the Practice of Infection Prevention and Control Programs?" *Acta Scientific Microbiology* 1.4 (2018): 34-43.
14. Huang Wei Ling. "Why Are Diabetic Patients Still Having Hyperglycemia Despite Diet Regulation, Antiglycemic Medication and Insulin?" *International Journal of Diabetes and Metabolic Disorders (IJDM)* 4.2 (2019): 1-14.
15. Huang Wei Ling. "The Importance of Correcting Energy Imbalances and Chakras Energy Deficiencies in the Treatment of Patients with Glaucoma". *Clinical Research in Ophthalmology* 2.2 (2019): 1-9.
16. Huang WL. "What is the Cause of Language Impairment in Traditional Chinese Medicine and how can we Treat it?" *Journal of Clinical Case Reports and Trials* 2.2 (2019): 14-22.
17. Ling HW. "What have behind in all kinds of infections that we need to know?" *Journal of Investigative Oncology* 1.1 (2021): 18-21.
18. Huang Wei Ling. "Is it Possible to Treat Nosocomial Cellulitis Post Placement of Hemodialysis Catheter without the Use of Antibiotics?" *Dialysis and Transplantation OA* 3.2 (2020): 180020.
19. Capra Fritjof. "The Tao of Physics: An Exploration of the Parallels Between Modern Physics and Eastern Mysticism". Shambhala. (1975).
20. Huang Wei Ling. "What Flexner Report did to Our Medicine After 100 Years of Implantation?". *Acta Scientific Gastrointestinal Disorders* 4.8 (2021): 01-04.
21. Huang Wei Ling. "Chakras and Energy Alterations in Patients with Oligospermia". *Archive of Urological Research* 4.1 (2020): 10-16.
22. Huang WL. "Chakra's energy deficiency as the main cause of infertility in women". *Obstetrics and Gynecology International Journal - OGII* 11.2 (2020): 83-91.
23. Huang Wei Ling. "Chakras' Energies Deficiencies as the Main Cause of Myocardial Infarction without Arterial Obstruction". *Online Journal of Cardiology Research and Reports* 4.5 (2021).
24. Huang WL. "Myocardial Infarction without Arterial Obstruction in Patient Post COVID-19 Treatment". *Journal of Clinical Cardiology and Cardiovascular Interventions* 5.2 (2022).
25. Huang Wei Ling. "What We Need to Know When the Patient has a Stroke with or without COVID-19?". *Acta Scientific Neurology* 4.8 (2021): 01-05.
26. Huang WL. "Why Patients with Spider Veins in The Leg Have Recurrence of Their Conditions By Using Sclerotherapy Or Other Kinds of Treatment Recommended Nowadays?" *Journal of Vascular Medicine and Surgery* 9 (2021): 426.

27. Huang WL. “Energy Alterations in Patient with Deep Vein Thrombosis and what do we need to in Addition to the Use of Anti Coagulant Medications?” *Journal of Vascular Surgery* 10 (2022): 442.
28. Chase CR. “The Geometry of Emotions: Using Chakra Acupuncture and 5-Phase Theory to Describe Personality Archetypes for Clinical Use”. *Medical Acupuncture* 30 (2018): 167-178.
29. Huang Wei Ling. “Why is Homeopathy the Medication of Choice in the Treatment of All Kinds of Diseases Nowadays?”. *Acta Scientific Medical Sciences* 5.11 (2021): 66-70.
30. “Having SARS-CoV-2 once confers much greater immunity than a vaccine—but vaccination remains vital”. (2022).
31. Perry RJ, *et al.* “Cerebral venous thrombosis after vaccination against COVID-19 in the UK: a multicentre cohort study”. *Lancet* 398.10306 (2021): 1147-1156.
32. Aladdin Y, *et al.* “Vaccine-Induced Immune Thrombotic Thrombocytopenia with Disseminated Intravascular Coagulation and Death following the ChAdOx1 nCoV-19 Vaccine”. *Journal of Stroke and Cerebrovascular Diseases* 30.9 (2021): 105938.
33. “Acupuncture Research Conference that was held at Harvard Medical School, in Boston, USA, in 2015”. (2022).
34. Goldberg Yair, *et al.* “Protection of previous SARS-CoV-2 infection is similar to that of BNT162b2 vaccine protection: A three-month nationwide experience from Israel”. *American Journal of Epidemiology*, kwac060. 30 (2022).
35. Wiest NE, *et al.* “A Case of Acute Pulmonary Embolus after mRNA SARS-CoV-2 Immunization”. *Vaccines (Basel)* 9.8 (2021): 903.
36. Dimitrios T, *et al.* “Vaccine induced thrombotic thrombocytopenia: The shady chapter of a success story”. *Metabolism Open* 11 (2021): 100101.
37. Luk A, *et al.* “Myocarditis and Pericarditis After COVID-19 mRNA Vaccination: Practical Considerations for Care Providers”. *Canadian Journal of Cardiology* 37.10 (2021): 1629-1634.
38. Varona J, *et al.* “Primary adrenal insufficiency associated with Oxford-AstraZeneca ChAdOx1 nCoV-19 vaccine-induced immune thrombotic thrombocytopenia (VITT)”. *European Journal of Internal Medicine* 91 (2021): 90-92.
39. Finsterer J and Korn M. “Aphasia seven days after second dose of an mRNA-based SARS-CoV-2 vaccine”. *Brain Hemorrhages* 2.4 (2021): 165-167.
40. Huang WL. “Energy Alterations as the Underlying Cause of Primary Hypertension?” *ARC Journal of Nephrology* 4.2 (2019): 33-44.
41. Huang Wei Ling. “Constitutional Homeopathy of Five Elements Based on Traditional Chinese Medicine”. *Acta Scientific Medical Sciences* 4.7 (2020): 57-69.
42. Huang WL. “Is SARS-CoV- 2 Strong or Our Body Is Weak?” *Journal of Virology and Viral Diseases* 1.1 (2021).
43. Huang WL. “Why Do Patients Still Have the Potential to Transmit COVID-19 Despite Receiving Vaccinations?” *International Journal of Vaccines and Vaccination* 5.1 (2021).
44. Abbasi J. “Researchers Tie Severe Immunosuppression to Chronic COVID-19 and Virus Variants”. *JAMA* 325 (2021): 2033-2035.
45. Huang Wei Ling. “Are the Vaccines the Only Solution to Control COVID-19 Pandemic?”. *Vaccines* 6.1 (2021): 000152.
46. National Center for Immunization and Respiratory Diseases (NCIRD), Division of Viral Diseases. CDC COVID-19 Science Briefs [Internet]. Atlanta (GA): Centers for Disease Control and Prevention (US); 2020-. Science Brief: COVID-19 Vaccines and Vaccination (2021).
47. Huang WL. “Why do Patients Seem to be Older After COVID-19 Treatment?”. *Annals of Epidemiology and Public Health* 4.1 (2021): 1067.
48. Huang Wei Ling. “Chakras’ Energies Deficiencies as the Cause of Dyspnea Post COVID-19 Treatment”. *Journal of Infectious Diseases and Case Reports* 2.1 (2021): 1-9.
49. Huang WL. “Chakras’ Energy Deficiencies as the Cause of Fatigue Post SARS-CoV-2 Infection Patients Treatment”. *Acta Scientific Microbiology* 4.6 (2021): 91-108.
50. Huang WL. “Chakras’ Energies Deficiencies as One of the Causes of Anosmia and Loss of Taste in SARS-CoV-2 Infection Patients”. *Acta Scientific Medical Sciences* 5.5 (2021): 73-89.
51. Huang Wei Ling. “Can Autoimmune Hepatitis Be Treated Without the Use of Corticosteroids and Immunosuppressive Drugs?” *Acta Scientific Medical Sciences* 3.7 (2019): 178-186.

52. King w., et al. "Myocarditis following mRNA vaccination against SARS-CoV-2, a case series". *American Heart Journal Plus: Cardiology Research and Practice* 8 (2021): 100042.
53. Tajstra M., et al. "Acute Coronary Tree Thrombosis After Vaccination for COVID-19". *JACC: Cardiovascular Interventions* 14.9 (2021): e103-e104.
54. Öcal O., et al. "Portal vein thrombosis associated with ChAdOx1 nCov-19 vaccination". *Lancet Gastroenterology and Hepatology* 6.8 (2021): 676.
55. IHNC Práticas Integrativas (2020).
56. Huang WL. "Why Homeopathy Is the Medication of Choice In The Prevention And Treatment of COVID-Infection-19?" *Clinical Medicine and Health Research Journal* 1.1 (2021): 1-6.
57. "14th Euro-Global Conference on Infectious Diseases". June 24-25, 2022 (2022).
58. Teixeira M. "Aos que clamam pelas evidências científicas em homeopatia". *Revista De Homeopatia* 80.1/2 (2017): 1-17.
59. Huang Wei Ling. "Is the Mandatory Implementation of a Passport for COVID-19 Vaccine Reduce the Transmission or Not?". *Acta Scientific Microbiology* 4.9 (2021): 63-68.
60. Huang WL. "How Can We Prevent COVID-19 And Other Diseases at The Same Time?" *Journal Of Molecular Microbiology* 5 (2021).
61. Li Z., et al. "The Effect of the COVID-19 Vaccine on Daily Cases and Deaths Based on Global Vaccine Data". *Vaccines (Basel)* 9.11 (2021): 1328.
62. Huang WL. "Why Medications Used Nowadays are Harmful to Our Health?" *Archives of Anesthesiology* 4.1 (2021).
63. Arndt Schultz Law and its applications in Homeopathy | Homeopathy Resource by Homeobook.com (2020).
64. Huang Wei Ling. "Does *In Vitro* Studies Demonstrate the Same Drug Action on the Patient?". *Acta Scientific Pharmaceutical Sciences* 5.9 (2021): 25-28.
65. Huang Wei Ling. "Chakras' Energies Alterations in Patients with Chronic Gastritis". *Gastro - Open Journal* 1.1 (2020): 20-25.
66. Huang WL. "Energy Imbalances and Chakras' Energy Deficiencies as One of the Cause of Tachycardia". *Online Journal of Cardiology Research and Report* 6.2 (2021): 2021.
67. Huang Wei Ling. "Energies Alterations and Chakras Energies Deficiencies in Patient with Crohn's Disease". *Journal of Gastrointestinal and Digestive System Open Access* 4.3 (2021): 44-50.
68. Huang WL. "Energies alterations and Chakras' energies deficiencies in patient with ulcerative colitis". *Gastro Open Journal* 2.1 (2021): 35-42.
69. Huang WL. "The Influence of Cell Phones and Computers on Our Immune System". *Annals of Immunology and Immunotherapy* 3.2 (2021): 000141.
70. Kentsis A. "Why do young people get cancer?". *Pediatric Blood and Cancer* 67.7 (2020): e28335.
71. 1755 - Hahnemann, physician who invented homeopathy, is born (2022).
72. Manning and Varennes. entitled Bioenergetic Medicines East and West: Acupuncture and Homeopathy. North Atlantic Books (1993).
73. Huang Wei Ling. "Is the Medication used in Intubation of Patients with Covid-19 Affecting the Outcome of the Patient's Treatment?". *Archives of Anesthesiology* 4.1 (2021): 01-03.
74. The Hippocratic Oath - By: Ovidio Rocha Barros Sandoval, Vice-President of the Advisory Board of FAEPA.
75. Huang Wei Ling. "What Measures Can We Take to Prevent COVID-19 Infection in Pregnant Women?". *Acta Scientific Women's Health* 3.11 (2021): 34-37.
76. Lamptey E. "Post-vaccination COVID-19 deaths: a review of available evidence and recommendations for the global population". *Clinical and Experimental Vaccine Research* 10 (2021): 264-275.
77. Ling HW. "Why are Pediatric Patients being infected with Sars-Cov-2 and Becoming Sick?" *SunText Review of Pediatric Care* 2.1 (2021): 118.
78. Huang WL. "Why Is Homeopathy the Medication of Choice for Treating Diseases in Elderly Patients". *Clinical Trials and Research Ethics* 1.1 (2021).
79. Huang WL. "How is the Mechanism of Immunodeficiency Caused by Metallic Implants and What Can they Cause when Inside the Patient's Body?" *Annals of Immunology and Immunotherapy* 3.2 (2021): 000149.
80. Huang Wei Ling. "What do we Need to Learn from the COVID-19 Pandemic?". *Acta Scientific Microbiology* 4.8 (2021): 57-64.