INTERNAL "THIRD DEGREE BURNS:" The Spike Protein "BURNS" The Endothelium

Long COVID may persist for years or be lifelong if the Spike Protein is continually expressed

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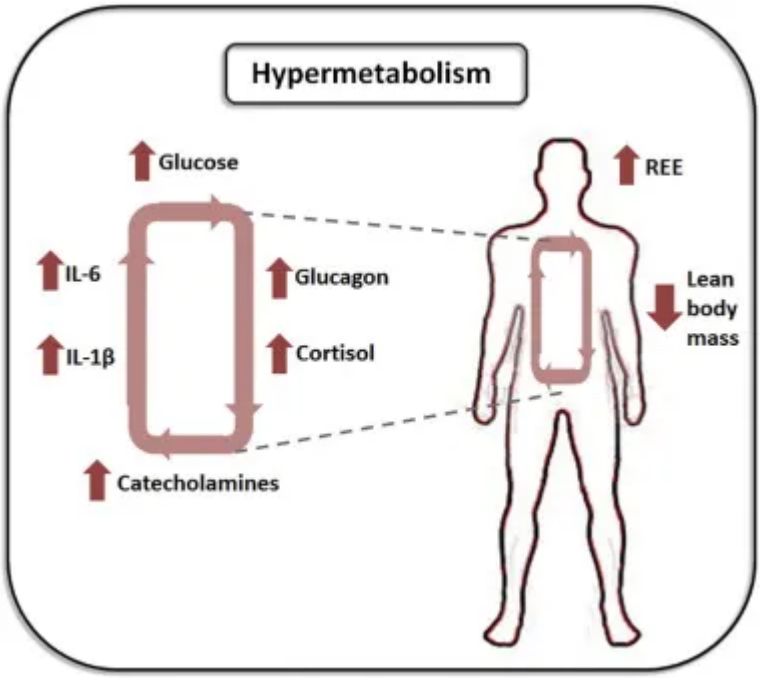

In order to fully understand COVID and Long COVID, I believe we need to rethink what the Spike Protein does to the Endothelium. I believe it "BURNS" the Endothelium. And severely, too. Let us begin by reviewing the pathophysiology of burns:

> The pathophysiology of the burn wound is characterized by an inflammatory reaction leading to rapid oedema formation, due to increased microvascular permeability, vasodilation and increased extravascular osmotic activity. These reactions are due to the direct heat effect on the microvasculature and to chemical mediators of inflammation.

Pathophysiology of the burn wound
https://pubmed.ncbi.nlm.nih.gov/6162412/

Please read the following statement from an excellent paper I will recommend all to study.

> Burn severity is normally determined via the total body surface area (TBSA) covered by the injury, with anything above 20% being considered a severe burn likely to result in the occurrence of the hypermetabolic condition. ***However, we recently presented new evidence that even a 10% TBSA burn can cause substantial and pathological alterations similar to a burn over 30% TBSA***.

The biochemical alterations underlying post-burn hypermetabolism
https://www.sciencedirect.com/science/article/pii/S0925443917300686#f0010
(This article is quoted extensively, below)

The way this is connected to COVID and Long COVID is that, instead of the skin, we are dealing with another organ of LARGE SURFACE AREA: The Endothelium. However, unlike the skin, THE MICROVASCULATURE IS NOT INNERVATED! In other words, we DO NOT FEEL THE "BURN" of the Spike Protein (and other SARS-CoV-2 viral proteins) "burning" our Endothelia. Therefore, we now have a more logical and complete understanding of the pathogenesis and nature of COVID, and especially Long COVID.

From:

> The chronic persistence of the hypermetabolic response, which appears to be driven by catecholamines, stress hormones, and pro-inflammatory cytokines, far surpasses the ability of the patient to respond, and physiological exhaustion ensues.

To:

> Thermal injuries induce systemic biomolecular changes with profound physiological alterations, such as increased muscle and bone catabolism, hepatic steatosis, higher susceptibility to infections, multiple organ dysfunction, insulin resistance and sepsis.

We see the very essence of COVID and Long COVID. Also, we can perhaps now begin to understand why we are seeing a surge in INFECTIONS FAR MORE SEVERE THAN THEY SHOULD BE. This is also an effect of a severe burn.

> Augmented rates of glycolysis, lipolysis and proteolysis induce a loss of lean and total body mass which subsequently causes immune dysfunction, decreased wound healing and severe infection.

Please read the above article as it addresses the effects of Il-6, TNF-α, Catecholamines, Mitochondrial Dysfunction and all of the other very familiar markers and indicators of COVID and Long COVID disease.

A new approach may be needed to treat COVID and Long COVID. I believe we should examine treating COVID and Long COVID with burn protocols.