

# **Empirical uses of tobacco to prevent and reduce the toxic effects of COVID-19, vaccinations and the after-effects of intoxication**

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Dr. Jacques Mabit<sup>1</sup>  
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## **1. Introduction**

The global health crisis which started in early 2020 with the appearance and spread of SARS-CoV-2 and the disease labeled COVID-19, places each person in front of difficult choices to make for their health and that of their loved ones. Contradictory, biased, censored information further complicates “informed” or “enlightened” decision-making.

The essential questions that arise center around determining possible preventive measures, the treatments given to symptomatic individuals, the approach to the after-effects of the infection or intoxication (Mild COVID, Long COVID), the choice to be vaccinated or not, as well as the prevention of the possible toxic effects of the vaccines for both vaccinated and non-vaccinated individuals in the presence of those who have already received the vaccine.

Traditional Amazonian medicines point to the empirical use of therapeutic black tobacco as an essential remedy in all these cases. This claim is based on the data acquired from science and the research leads currently underway on tobacco.

We propose in this article to identify some guidelines around the role and place of tobacco in the context of the COVID-19 epidemic and to point out the empirical therapeutic uses of this plant in responding to different individual situations with which we are faced.

This article should be treated as an opinion piece. This opinion is based on 35 years of therapeutic practice with traditional Amazonian medicines. Tobacco occupies a central and daily role in our experience and we believe, as such, that we have the right to express ourselves freely and to have our words taken seriously. Our opinion is based on observational clinical research which almost always represents the first step in experimental research and provides the opportunity for potentially rich discoveries. The hypotheses that we present have been compared with clinical experience and we will present some scientific arguments that echo these observations and are, in general, aligned to the indigenous knowledge regarding tobacco use. These correlations do not constitute proof in themselves but indicate significant coherences which would benefit from further exploration.

Whereas we do not wish to lead a scientific debate in comparing publications on tobacco on the one hand with publications on COVID on the other hand - a considerable task which exceeds our capacities - we nevertheless wish to show that, in the face of COVID, the use of tobacco prophylactically and therapeutically has specific relevance, including from a scientific point of view. On the other hand, if people are invited to receive vaccinations or gene therapies whose scientific evaluation is incomplete and which many scientists consider extremely risky, as is already shown today in their side effects, it would be inappropriate to reject empirical therapies that have a centuries-old or even millenary history of use and experimentation and, as such, can

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<sup>1</sup> Medical Doctor, founder and executive president of Takiwasi Center, Tarapoto, Peru, [www.takiwasi.com](http://www.takiwasi.com)

benefit from a widely proven degree of safety and efficacy. The urgency of the situation for which the health authorities recommend experimental gene therapy, calls, just as much, for the exploration of ancestral therapeutic paths consolidated over long periods of practice

Finally, the so-called health crisis cannot be confined to a strictly scientific debate, considering that its origins, effects, and consequences stretch far beyond the boundaries of the biomedical field. The problems and implications for society are obvious and invite us into a broad and in-depth reflection of a philosophical and spiritual nature. Specifically, tobacco, as a master plant or an initiatory teaching plant for Amazonian medicines, provides holistic healing that embraces the physical, psycho-affective, and spiritual dimensions. In the context of the surrounding disinformation, censorship of all kinds, falsification of reality and procrastination of facts, tobacco allows for the restoration of the spirit of rectitude and accuracy, evacuating fraud and half-hearted positions, and acting as a kind of truth serum. Now, certainly, what we need most in our "apocalyptic" age, or, our "unveiling" age, is to find instruments for the revelation of the truth. Tobacco is one of them, without any doubt.

## 2. Precautions

As a warning, it is necessary to point out that tobacco is a potentially toxic and lethal plant at certain doses and that the indications provided in this article<sup>2</sup> do not constitute a medical prescription but are given for informative purposes. This information does not replace medical follow-up by a competent professional and does not exempt anyone from verifying their sources and exercising their critical judgment.

That being said, each individual has his or her own physiology and medical history which must be taken into account in evaluating the standard indications, in particular the possible contraindications of tobacco use.

The indications resulting from the practices of traditional Amazonian medicine are empirical in nature and require further scientific investigation for their validation. Although many convergences exist between ancestral knowledge about tobacco and scientific discoveries about it, the relevance of tobacco use is still being explored.

## 3. Empirical uses of tobacco

Traditional medicines have extremely wide and ancient uses for tobacco: it is the main teacher plant in the Americas. *Nicotiana rustica*, the wild and then-cultivated variety from South America, has played an essential therapeutic role through its function as “*mediator between humans and gods*”, as we have developed in a previous article and conference<sup>3</sup>. These ancestral uses, described abundantly in the anthropological literature, have been adapted to modernity for specific

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<sup>2</sup> At the end of this article.

<sup>3</sup> Sinchi, Sinchi, Negrito: medicinal use of Tobacco in the Upper Peruvian Amazon. Mabit Jacques & Giove Rosa, July 2010. <https://takiwasi.com/en/sinchi-negrito-tobacco.php>  
A conference in Spanish was dictated by Jacques Mabit on the same theme, in 2010, in Barcelona, organized by Takiwasi and the Association GASS - Grup Associat pels Serveis de Salut, available at : <https://www.youtube.com/watch?v=4nQ1JkvVUWI>

applications, such as at the Takiwasi Center in the treatment of addictions and mental health disorders, which have been the subject of certain preliminary studies<sup>4</sup>.

We should remember that this traditional use has taken many forms: various galenic forms, such as in fresh aqueous and alcoholic (brandy) extracts, infusions, decoctions, macerations, multiple variants of powders, plasters, pure or mixed pastes (*chimú*, *ampiri* or *ambil*, *sayri tupa*, *chanupa*, *petiguá*), fresh or dried leaves, etc.; and various application or ingestion routes: enema, licked, chewed, smoked (swallowed or inhaled), nasal application (rapé, singada, spray), plasters, etc.

Tobacco specialists, *tabaqueros* or *sheripiari*, are considered in Amazonia to be of greater strength than other healers (*ayahuasqueros*, *paleros*, *perfumeros*, *oracionistas*, etc.), as tobacco is considered both the most powerful medicine and the most difficult medicine to master. It is a powerful ally of the traditional healer for its anti-pain, anti-fatigue and appetite suppressant virtues, as well as for the strength and protection it provides.

Tobacco plays an essential role in protecting against "bad energies", in eliminating them from the body (through purges in particular), teaching through dreams and visions (impregnation and diets), and providing mental clarity and decision-making capabilities. It is capable of neutralizing and eliminating poisons and parasites of physical, psychic and spiritual origin. This symbolism, with very concrete applications, is illustrated in particular by the antagonism between tobacco and snakes. The smoke of the *mapacho* (artisanal cigarette from the Peruvian Amazon) keeps away dangerous reptiles. Tobacco is an integral component in the treatment of poisonous snakebites, as well as in the control of toxic neurotropic effects of the poisonous darts (*virotés*) sent by sorcerers. In these cases, tobacco, among other benefits, neutralizes neurotoxins, protecting the lungs, causing expectoration, and increasing respiratory depth.

#### 4. Medicinal properties of tobacco

Without going into detail, it is, nevertheless, necessary to reference certain medicinal aspects of tobacco, recognized or suggested by modern science<sup>5</sup>, as the stigma of "cancer inducing substance" has shadowed its therapeutic excellence in Western society<sup>6</sup>.

Tobacco is a recognized anti-helminthic (anti-parasitic) and anti-parkinsonian agent<sup>7</sup>. It is endowed with anti-bacterial and anti-viral properties. Its use in Alzheimer's disease has also been reported<sup>8</sup>.

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<sup>4</sup> Puig Domenech, Ramón (2008). «Posibilidades terapéuticas de la planta del Tabaco en el tratamiento de la adicción al consumo de cigarrillos». *Revista Cultura y Droga (Manizales: Universidad de Caldas)* 13 (15): 39-58. ISSN 0122-8455. [http://vip.ucaldas.edu.co/culturaydroga/downloads/culturaydroga13\(15\)\\_4.pdf](http://vip.ucaldas.edu.co/culturaydroga/downloads/culturaydroga13(15)_4.pdf)

Ochem, Céline (2008). *El tabaco y su uso en medicina tradicional amazónica : La experiencia terapéutica de los centros de medicina tradicional amazónica Takiwasi, Situlli (Perú), La Maison qui Chante (Francia) y Runa Wasi (Argentina)*, [https://www.takiwasi.com/docs/arti\\_esp/tabaco-celine.pdf](https://www.takiwasi.com/docs/arti_esp/tabaco-celine.pdf)

<sup>5</sup> Ilana Berlowitz, Ernesto García Torres, Heinrich Walt, Ursula Wolf, Caroline Maake and Chantal Martin-Soelch, (2020), "Tobacco Is the Chief Medicinal Plant in My Work": Therapeutic Uses of Tobacco in Peruvian Amazonian Medicine Exemplified by the Work of a Maestro Tabaquero, *Front. Pharmacol.*, 07 October 2020 <https://doi.org/10.3389/fphar.2020.594591>

<sup>6</sup> This theme was discussed in deep during the 2nd Lyon Congress organized by the Association « La Maison Qui Chante », 6-8 October 2006, on "Tobacco, Plant of Teaching and Healing". See in these Memoirs, J. Mabit, "Á propos de la pratique des Tabaqueros", Revised and revised transcription of the oral text, pp.17-28. Available on: <https://takiwasi.com/fr/taqueros-ceremonie-tabac.php>

<sup>7</sup> Ma C., Liu Y, Neumann S, Gao X. et al., Nicotine from cigarette smoking and diet and Parkinson disease: a review, 2017, *Transl Neurodegener.*

<sup>8</sup> Senders Helena, *La nicotine pourrait protéger contre la maladie d'Alzheimer*, le 21 septembre 2016 sur [sciencesetavenir.fr](http://sciencesetavenir.fr), [https://www.sciencesetavenir.fr/sante/cerveau-et-psy/la-nicotine-pourrait-protoger-contre-la-maladie-d-alzheimer\\_105086](https://www.sciencesetavenir.fr/sante/cerveau-et-psy/la-nicotine-pourrait-protoger-contre-la-maladie-d-alzheimer_105086)

Nicotine improves concentration, memory and cognitive performance in general, short-term memorization, reflexes, as well as the sense of direction<sup>9</sup>.

## 5. COVID and smokers

From the start of the so-called pandemic, studies show that there is only a small proportion of smokers among infected people, even though COVID-19 produces acute respiratory distress. Although about a quarter of the French population smoke (25.4%) (at least one cigarette per day), there are only 8.5% smokers among hospitalized patients<sup>10</sup>.

Same observation in China<sup>11</sup> where there are 28% smokers but only 12.6% of them among people infected with COVID-19.

Intrigued by these figures, as early as April 2020, researchers from the Hospitals of Paris and the Pasteur Institute found that, out of 139 patients admitted on an outpatient basis (average age: 44), only 5.3% were daily smokers. Out of 343 hospitalized patients (average age: 65) for COVID-19, only 4.4% were daily smokers.

*“Our cross-sectional study strongly suggests that daily smokers have a much lower likelihood of developing symptomatic or severe infection”, the authors conclude<sup>12</sup>.*

Compared to the total French population, the COVID-19 population had a significantly lower smoking rate of 80.3% for outpatients and 75.4% for inpatients. Thus, according to this study, smoking appears to be a protective factor against infection with SARS-CoV-2. This clinical finding contradicts the early opinions of infectious disease physicians who said that being a smoker was an additional risk factor for contracting COVID-19 and for suffering more mortality, as much as, for example, suffering from an immunodeficiency or having diabetes.

Scientists then became interested in the use of tobacco to cope with the pandemic.

Preliminary results from the Pasteur Institute indicate that the action of nicotine on the nicotinic acetylcholine receptor (nAChR) plays a fundamental role in the pathophysiology of COVID-19 infection and could be a promising solution for the prevention and control of COVID-19 infection.

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<sup>9</sup> Rustedj, Graupner L, O’Connell N, Nicholls C., Does nicotine improve cognitive function?, Psychopharmacology (Berl. ), 1994, 115(4):547–9. DOI:10.1007/BF02245580 PMID 7871101

<sup>10</sup> Santi Pascal, « Coronavirus : la proportion de fumeurs parmi les personnes atteintes du Covid-19 est faible », le 22 avril 2020 sur lemonde.fr, [https://www.lemonde.fr/planete/article/2020/04/22/coronavirus-une-proportion-reduite-de-fumeurs-parmi-les-malades\\_6037365\\_3244.html](https://www.lemonde.fr/planete/article/2020/04/22/coronavirus-une-proportion-reduite-de-fumeurs-parmi-les-malades_6037365_3244.html)

<sup>11</sup> Wei-Ji Guan, Ph.D., Zheng-yi Ni, et al., Clinical Characteristics of Coronavirus Disease 2019 in China, le 28 février 2020 dans The New England Journal Of Medicine, <https://www.nejm.org/doi/full/10.1056/NEJMoa2002032>

<sup>12</sup> A nicotinic hypothesis for Covid-19 with preventive and therapeutic implications, Jean-Pierre Changeux, Zahir Amoura, Felix Rey, Makoto Miyara, Avril 2020, <https://www.qeios.com/read/FXGQSB>

A study with nicotine patches and snuff<sup>13</sup> and chewing tobacco paste (sic!) was conducted at the Public Assistance Hospitals of Paris with 1,600 participants, investigating the claim that nicotine prevents contagion and helps in disease recovery. Nicotine helps avoid entry into a critical phase of intensive care because activation of nAChRs prevents a cytokine storm in which macrophage activation syndrome appears, which bears responsibility for the deterioration and death of the elderly. COVID-19 blocks nicotinic acetylcholine receptors, which regulate the body's inflammatory response of the immune system and act intracellularly by modulating cytokine cascades. This is apparently the problem of the lethality of COVID-19, which is said to produce an exaggerated inflammatory response in the body that leads to the collapse of the endothelium and affects the lungs and other organs until death. Tobacco and its nicotine would potentiate the action of nAChRs, reversing the process of blocking nAChRs by the virus in the immune system and avoiding its oversized and often fatal inflammatory response.

Even though the nicotinic agents in tobacco have properties, which, applied as a patch, powder or chewing paste, would block the entry of the virus and be quite beneficial in preventing and curing COVID-19, the authors of the article from the Pasteur Institute, however, come to the conclusion that cigarettes (a chemical by-product of wild tobacco) are carcinogenic and therefore not recommended.

There is a terrible bias here in studies associating nicotine (as a potential therapeutic agent) with industrial smoked cigarettes. Indeed, industrial cigarettes are a negative cofactor in COVID-19, however not through the absorption of nicotine itself, but rather through the perversion of the absorption pathway (inhaled into the lung) and by the racemization of 7,000 chemicals through combustion. The addition of 600 toxic chemicals not naturally present in the tobacco plant as well as the variety (Virginia), which is industrially dried in ovens and does not take into account the natural process of drying and fermentation, turns the tobacco into a poison.

The development of comorbidities in smokers due to the inhalation of so many chemicals from a plant, sacred to Indians but perverted and desecrated by Westerners, is what makes them more vulnerable to COVID-19. On the other hand, paradoxically, nicotine, which is the natural essence and the molecular and energetic vehicle of the plant, protects! It should be added that natural wild tobacco contains other alkaloids different from nicotine, some of which could have an even more specific and effective role than nicotine against Covid-19.

Nevertheless, the EU is funding a global consortium with four academic centers, led by the Queensland University of Technology, on the properties of wild tobacco (*Nicotiana benthamiana*) and its possible therapeutic uses, which now also include those related to COVID-19 in view of the discovery of the properties of nicotine against this virus<sup>14</sup>, and also on the production of "*biopharmaceuticals useful against the virus, reagents for preparing rapid immunoassays, molecules which can be used as adjuvants in a mass vaccination program*". These are classic allopathic and pharmaceutical perspectives, quite distant from the empirical use of tobacco but

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<sup>13</sup> Snuff is tobacco crushed into a fine powder which is consumed by insufflation, that is, through the nose. In Western society and in terms of the history of manners, its use dates back to the sixteenth century, and involves the development of snuff boxes and utensils, that spread among all social classes, men and women alike. It was introduced to France Royal Court to treat various ailments, including migraines, by Catherine de Médicis (1519-1589). Until the middle of the twentieth century it was considered as an adjunct medicine. The use of snuff has fallen into disuse in Western countries although it is still available for sale (wikipedia).

<sup>14</sup> Coronavirus: dal tabacco selvatico nuove prospettive di cura del COVID-19 <https://www.e-gazette.it/sezione/tecnologia/coronavirus-tabacco-selvatico-nuove-prospettive-cura-covid-19>

which nevertheless demonstrate the great interest developed around this plant in the context of COVID-19<sup>15</sup>.

## 6. Neurotropic toxicity of the virus and tobacco

The SARS-CoV-2 virus is not of natural origin as shown by the fact that it could have been patented by the Pasteur Institute, while no natural element can be patented<sup>16</sup>. The question of its origin remains the source of much debate<sup>17</sup> but everything indicates that it is a humanly manipulated coronavirus. “*Today, obtaining or synthesizing a genetic sequence [of viruses] is within the reach of any laboratory*”, says virologist Étienne Decroly, research director at the CNRS in the Architecture and Functions of Biological Macromolecules Laboratory (CNRS / Aix-Marseille University) and member of the French Society of Virology.

A first article by Indian researchers reporting the human origin of the COVID-19 virus had to be retracted by their authors following “*strong pressure*”<sup>18</sup>.

This is the opinion of Prof. Luc Montagnier, virologist and recipient of the 2008 Nobel Prize in Medicine, expressed as of April 16, 2020 on a television set: “*We have come to the conclusion that there has been a manipulation on this virus. I'm not saying all of it, but a part. There is a model which is the classic virus, coming mainly from bats, but to which we have added sequences from HIV [...]. It's not natural, it's the work of a professional, a molecular biologist, a watchmaker of sequences*”. Strongly attacked, Prof. Montagnier produced a publication with the mathematician Jean-Claude Perez that “*shows how 16 fragments (Env Pol and Integrase genes) of different strains, both diversified and very recent, of the retroviruses HIV1, HIV2 and SIV have a high percentage of homology in parts of the COVID-19 genome*”<sup>19</sup>. “*There are common and converging bases that*

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<sup>15</sup> Buscan vacuna contra el coronavirus usando hojas de tabaco <https://www.diariolasamericas.com/mundo/buscan-vacuna-contra-el-coronavirus-usando-hojas-tabaco-n4196096> ; Una planta de tabaco podría producir la vacuna contra el coronavirus <https://www.muyinteresante.es/salud/articulo/una-planta-del-tabaco-podria-producir-la-vacuna-contra-el-coronavirus-631586343085>

<sup>16</sup> The patents indicated here are available on the website <http://www.verite-covid19.fr/> :

Brevet EP1694829B1

Brevet US 2007 0128224 A1

Brevet US8343718 B2

Brevet US8093042B2 Institut Pasteur Charneau

Brevet US 10,407,695 B2 Institut Pasteur, CNRS, Inserm with Pierre Charneau inventor to integrate HIV into the human genome.

Prof. Jean-Bernard Fourtillan, who unearthed these patents and made them known publicly, has since been mercilessly harassed. He tells in a video the history of the genesis of the modified Sars-Cov-2 which dates back some thirty years:

[https://odysee.com/@JasperMader:9/Echec\\_NOM:5?r=B15bNW66X8Y8YS6QzJ9C1metXNP93dFc](https://odysee.com/@JasperMader:9/Echec_NOM:5?r=B15bNW66X8Y8YS6QzJ9C1metXNP93dFc)

<sup>17</sup> « La question de l'origine du SARS-CoV-2 se pose sérieusement », Virologist Étienne Decroly takes stock of the various hypotheses, October 2020, CNRS, <https://lejournal.cnrs.fr/articles/la-question-de-lorigine-du-sars-cov-2-se-pose-serieusement>

See also the studies of the Natural History Museum of Toulouse, such as the one entitled « Coronavirus : La nature contre-attaque ? »,

<https://www.museum.toulouse.fr/-/coronavirus-la-nature-contre-attaque->

<sup>18</sup> Uncanny similarity of unique inserts in the 2019-nCoV spike protein to HIV-1 gp120 and Gag Prashant Pradhan, Ashutosh Kumar Pandey, Akhilesh Mishra, Parul Gupta, Praveen Kumar Tripathi, Manoj Balakrishnan Menon, James Gomes, Perumal Vivekanandan, Bishwajit Kundu doi: <https://doi.org/10.1101/2020.01.30.927871> <https://www.biorxiv.org/content/10.1101/2020.01.30.927871v2>

<sup>19</sup> Covid-19, Sars and bats coronaviruses genomes peculiar homologous RNA sequences, J-C Perez, Luc Montagnier, <https://doi.org/10.29121/granthaalayah.v8.i7.2020.678> ; [https://www.granthaalayahpublication.org/journals/index.php/granthaalayah/article/view/IJRG20\\_B07\\_3568](https://www.granthaalayahpublication.org/journals/index.php/granthaalayah/article/view/IJRG20_B07_3568)

lead to the conclusion of the inclusion of parts of foreign origin in the genome of the coronavirus. Today there are technologies to perform this manipulation called CRISPR / RNA".

This hypothesis is also supported by Dr. Prof. Peter Chumakov of the Engelhardt Institute for Molecular Biology, Russian Academy of Sciences, who states: "*There are several inserts, that is, substitutions of the natural sequence of the genome, which gave it special properties*"<sup>20</sup>.

He is referring here to "*gain of function*," a process of adding a specific function to a cell via a mutation in molecular structure. It is understood that this gain in function can be either beneficial or harmful. These insertions inducing gain of function, necessarily of human origin, have been recognized by many other specialists such as Dr. Judy Mikovits, former laboratory director at the American National Cancer Institute. Dr. Mikovits, who also worked for several years at Fort Detrick, the most famous biological weapons research laboratory in the United States Army, claims that this is an accelerated viral evolution given the large number of mutations (1200) between the new SARS-CoV-2 and the source virus of the bat: "*If it were a natural phenomenon, it would take up to 800 years for the virus to evolve in this way*"<sup>21</sup>. Drs Ruan Jishou from Nankai University and Li Huan from Huazhong University in China are in agreement along the same lines. Dr. Bruno Coutard, researcher at IHU Méditerranée-Infection, one of the largest virus research centers in the world, has identified "*a particular furin-like cleavage site in the Spike protein of 2019-nCoV, absent from other SARS-like CoVs [...] This furin-like cleavage site [...] could provide a gain of function for 2019-nCoV for efficient propagation in the human population*"<sup>22</sup>. Czech molecular biologist Dr Soňa Peková<sup>23</sup>, Norwegian scientist Birger Sorensen<sup>24</sup> and Australian scientists from Adelaide and Melbourne<sup>25</sup> independently came to the same conclusion, as did Fang Chi-tai, professor of etiology at the National University of Taiwan<sup>26</sup>, to cite only a few.

Dr. Joseph Tritto, Italian microsurgeon with an international medical and academic career, expert in biotechnology and nanotechnology and president of the WABT (World Academy of Biomedical Sciences and Technologies), published in August 2020 a book entitled, "*The chimera that changed the world* ", in which he shows, with the support of scientific evidence, that the SARS-CoV-2

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<sup>20</sup> <https://www.fr24news.com/fr/a/2020/04/le-laboratoire-de-wuhan-a-fait-des-choses-absolument-folles-pour-manipuler-le-coronavirus-en-infectant-les-humains-affirme-le-microbiologiste-russe-the-sun.html>;  
<https://www.sciencetimes.com/articles/25450/20200424/wuhan-scientists-absolutely-crazy-things-study-covid-19-russian-microbiologist.htm>

<sup>21</sup> <https://www.naturalnews.com/2020-05-16-dr-judy-mikovits-interviewed-coronavirus-pandemic-fauci-nih-corruption.html>

<sup>22</sup> The spike glycoprotein of the new coronavirus 2019-nCoV contains a furin-like cleavage site absent in CoV of the same clade, B.Coutard, C.Valle, X.de Lamballerie, B.Canard, N.G.Seidah, E.Decroly, <https://doi.org/10.1016/j.antiviral.2020.104742> ;  
<https://www.sciencedirect.com/science/article/abs/pii/S0166354220300528#!>

<sup>23</sup> Czech molecular biologist, Dr. Soňa Peková explains in layman terms that COVID-19 virus originates from a lab, and the Americans try to refute it (Updated) <https://www.dimsumdaily.hk/czech-molecular-biologist-dr-sona-pekova-explains-in-layman-terms-that-covid-19-virus-originates-from-a-lab/>

<sup>24</sup> Norwegian scientist Birger Sorensen claims coronavirus was lab-made and 'not natural in origin' <https://techstartups.com/2020/06/07/norwegian-scientist-birger-sorensen-claims-coronavirus-lab-made-not-natural-origin/>

<sup>25</sup> Coronavirus VERY likely man-made says top scientist with just one other possible cause, <https://www.express.co.uk/news/world/1287460/coronavirus-news-covid19-latest-china-humans-animals-science-research>

<sup>26</sup> Coronavirus VERY likely man-made says top scientist with just one other possible cause, <https://www.express.co.uk/news/world/1287460/coronavirus-news-covid19-latest-china-humans-animals-science-research>

coronavirus responsible for COVID-19 is the result of laboratory engineering, confirming the initial assertion of Prof. Luc Montagnier<sup>27</sup>.

On January 29, 2021, a new study from Dr Steven Quay, CEO of Atossa Therapeutics, states that “a Bayesian analysis concludes beyond a reasonable doubt that SARS-CoV-2 is not a natural zoonosis, but rather a laboratory derivative”. The final conclusion is that there is a 99.8% chance that SARS-CoV-2 comes from a laboratory and only a 0.2% chance that it comes from nature<sup>28</sup>.

Alexandre Henrion-Caude, a world-renowned geneticist, former director of research at Inserm (National Institute of Health and Medical Research) at the Necker Hospital, also publicly reports the insertion of two HIV proteins (GP120 and GAG).

SARS-CoV-2 contains not only HIV insertions, but also insertions from malaria (hence the probable effectiveness of Artemisia and hydroxychloroquine in COVID-19), rabies<sup>29</sup>, and snake venoms<sup>30</sup>.

Dr Kevin McCairn, PhD, warns about the toxic potentialities of the protein Spike, which is an essential virulence factor of the SARS-CoV-2 virus, and exposes the autonomous toxic potentialities induced by the expression of this protein, in the short, medium and long term<sup>31</sup>. The SARS-CoV-2 Spike protein exhibits unique insertions among the superantigenic coronavirus SARSs which could explain multisystem inflammatory syndromes (MIS). The sequence obtained (Y674QTQTNSPRRAR685) is homologous with superantigens present in cobra venom, the rabies virus, the gp120 protein of HIV1, and the enterotoxin B of Staphylococcus aureus, which is involved in staphylococcal toxic shock syndromes (TSS). This superantigen at the level of the S1/S2 cleavage site is capable of activating the immune system via the TCR (MHC2), causing in some individuals a cytokine storm, explaining multisystem inflammatory syndromes (MIS), similar to shock syndromes of staphylococcal disease (TSS) and Kawasaki syndrome.

The Spike protein (S) of SARS-CoV-2 has homologous sequences of snake venom neurotoxins of the Elapilidae family, which have antagonist activity of nicotinic acetylcholine receptors, most notably in the sequence 375-390, homologous to the NL neurotoxin, and the aforementioned 674-685 sequence, homologous to cobratoxin and  $\alpha$ -bungarotoxin. The Spike protein therefore exhibits homologies with the venoms of elapids, in particular the cobra and the bungarus.

The Spike protein is neuroinvasive, and crosses the blood brain barrier (BBB)... with or without a viral capsid. The Spike protein is capable of inducing the aggregation and fibrillation of amyloid proteins, which cause neurodegenerative processes.

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<sup>27</sup> <https://www.francesoir.fr/societe-sante/covid-19-lorigine-du-virus-lanalyse-du-pr-tritto-confirme-celle-du-pr-montagnier>

<sup>28</sup> A Bayesian analysis concludes beyond a reasonable doubt that SARS-CoV-2 is not a natural zoonosis but instead is laboratory derived, Steven Carl Quay, MD PhD, January 29, 2021. SQuay\_Bayesian Analysis of SARS-CoV-2 FINAL V.2.pdf <https://zenodo.org/record/4477081#.YKHo1LdKjcc>

<sup>29</sup> Lentz TL, Burrage TG, Smith AL, Crick J, Tignor GH. Is the acetylcholine receptor a rabies virus receptor? Science (80- ). 1982;215(4529):182–4.

<sup>30</sup> Lentz TL, Hawrot E, Wilson PT. Synthetic peptides corresponding to sequences of snake venom neurotoxins and rabies virus glycoprotein bind to the nicotinic acetylcholine receptor. Proteins Struct Funct Bioinforma. 1987;2(4):298–307.

<sup>31</sup> SARS-CoV2 : alertes sur les potentialités toxiques de la protéine Spike, Kevin McCairn, PhD, 15.4.2021, <https://www.francesoir.fr/societe-science-tech/sars-cov2-alertes-sur-les-potentialites-toxiques-de-la-proteine-spike>

In animals, SARS-CoV-2 induces pauci-symptomatic respiratory disease, systematically followed by degenerative neurological disease, beginning with invasion of the olfactory mucosa.

In this context, if we consider how traditional medicines describe the action of tobacco against snake venoms and the neurotoxic effects of poisoned darts, tobacco may find a privileged use to fight SARS-CoV-2.

Oral nicotine or nasal spray made from the natural tobacco plant, without the addition of chemicals and without industrial processing, in preliminary tests, shows rapid, non-addictive and positive effects in the containment of COVID-19. It is already known that nicotine establishes hydrogen and salt bonds in the coupling of the S protein of the virus and the human enzyme ECA2, which converts angiotensin II. Nicotine inhibits SARS-CoV-2 by polarity in the amino acid sequence where the virus anchors to the host cell membrane. In addition, nicotinic acetylcholine receptors are stimulated by the action of liquid nicotine and have a potent effect on the regulation of the anti-inflammatory cholinergic pathway (widely studied in several diseases), furthermore acting as a neuroprotectant against SARS-CoV-2, and making the virus, therefore, neurotropic, as described above. NACHRs down-regulate several enzymes and proteins, preventing the production of tumor necrosis factor alpha and several immunoglobulins, modulating the pro-inflammatory cytokine cascade, and preventing cell pyroptosis produced by the virus. Finally, macrophages are very rich in nAChR and nicotine regulates macrophage activation syndrome (MAS) which can lead to multiple organ failure and also regulates the immune system.

Nicotine is, therefore, involved in the proteolysis of viral fusion (it acts as an antiviral at the root and for this virus in particular) and moreover, by two other routes: it regulates the renin-angiotensin-aldosterone system so as to avoid the cascade of cytokines, inducing a potent anti-inflammatory effect, and modulates the immune response of macrophages.

## **7. Endogenous nicotine system and coronavirus (Sars-Cov-2)**

To better understand how SARS-CoV-2 is a nicotinic virus, it is necessary to explain some elements of human physiology and the endogenous nicotinic system (related to tobacco). From there, the potential action of tobacco in countering SARS-CoV-2 infection will be more understandable.

The human body has endogenous systems of substances and molecules such as certain neurotransmitters that mimic, interact with, and are analogous to molecules that we ingest externally from plants or food. For example, DMT is produced endogenously by the human body and induces dreams at night, while also promoting well-being. It has the same structure and affinity as DMT found in various plants (including *Psychotria viridis* or chacruna found in the ayahuasca brew). Another example: the human endocannabinoid system allows for, thanks to its receptors, the binding of different molecules in cannabis, THC, CBD, etc. The endogenous system that corresponds to tobacco is the nicotinic system of acetylcholine<sup>32</sup>.

Acetylcholine was the first neurotransmitter studied in medicine and has very important functions, the most important, perhaps, being the mediation of synaptic signals in the nervous system; its anti-

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<sup>32</sup> Nees F. The nicotinic cholinergic system function in the human brain. *Neuropharmacology*. 2015;96(PB):289–301.

inflammatory effect (through certain nicotinic receptor subunits)<sup>33</sup>; its immunomodulatory effect<sup>34</sup>; and its association with the vagus nerve and its primary functions (the vagus nerve regulates parasympathetic activity, the functions of the stomach, the heart and the heartbeat, as well as emotional stress and the muscular system).

Obese people and diabetics have reduced vagus nerve activity and show damage to the acetylcholine system<sup>35</sup> which is enhanced by nicotine<sup>36</sup>. Children, on the other hand, have high vagal tone. SARS-CoV-2 affects the former more virulently, while in children, the virus generally does not produce manifestations of COVID-19 disease, moderate or severe.

Acetylcholine has receptors called "nicotinic" which activate those functions of acetylcholine sensitive to nicotine (when ingested) and other similar molecules called "cholinergic agonists" found naturally in wild tobacco and other plants. These endogenous receptors are present in the central nervous system and, in general, in a large number of organs and systems of the human organism<sup>37</sup>.

As previously reported, several authors have discovered and published that smokers of industrial cigarettes are 4 to 5 times less likely to be infected and develop severe forms of COVID-19<sup>38</sup>. Researchers from the Pasteur Institute wrote an article in April 2020 entitled "*A nicotine hypothesis for COVID-19 with preventive and therapeutic implications*"<sup>39</sup>. If smoking industrial cigarettes is bad for health, then tobacco, a thousand-year-old medicinal plant, possesses properties which, when consumed through non-toxic therapeutic routes and in the quantities indicated, promotes protection against serious and severe forms of COVID-19. The French government is funding a study with 1,600 hospital workers to evaluate if nicotine patches can reduce the impact of COVID-19 on their infection and its severity<sup>40</sup>. However, modern smoking cessation patches contain only nicotine, isolated by chemical processes, which is not specifically designed to battle against COVID-19. The patches do not provide the natural synergy offered by the tobacco plant with its multiple cholinergic agonists, but rather only the nicotine contained therein.

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<sup>33</sup> Wang H, Yu M, Ochani M, Amelia CA, Tanovic M, Susarla S, et al. Nicotinic acetylcholine receptor  $\alpha 7$  subunit is an essential regulator of inflammation. *Nature*. 2003;421(6921):384–8.

<sup>34</sup> Fujii T, Mashimo M, Moriwaki Y, Misawa H, Ono S, Horiguchi K, et al. Physiological functions of the cholinergic system in immune cells. *J Pharmacol Sci*. 2017;134(1):1–21.

Fujii T, Mashimo M, Moriwaki Y, Misawa H, Ono S, Horiguchi K, et al. Expression and function of the cholinergic system in immune cells. *Front Immunol*. 2017

<sup>35</sup> Qi Y, Si D, Zhu L, Qi Y, Wu Z, Chen D, et al. High-fat diet-induced obesity affects alpha 7 nicotine acetylcholine receptor expressions in mouse lung myeloid cells. *Sci Rep [Internet]*. 2020 Dec 27;10(1):18368. Available from: <http://www.nature.com/articles/s41598-020-75414-w>

<sup>36</sup> Lakhan SE, Kirchgessner A. Anti-inflammatory effects of nicotine in obesity and ulcerative colitis. *J Transl Med [Internet]*. 2011 Dec 2;9(1):129. Available from: <https://translational-medicine.biomedcentral.com/articles/10.1186/1479-5876-9-129>

<sup>37</sup> Ksir C, Hakan R, Hall DP, Kellar KJ. Exposure to nicotine enhances the behavioral stimulant effect of nicotine and increases binding of [3H]acetylcholine to nicotinic receptors. *Neuropharmacology*. 1985;24(6):527–31.

<sup>38</sup> Farsalinos K, Barbouni A, Niaura R. Systematic review of the prevalence of current smoking among hospitalized COVID-19 patients in China: could nicotine be a therapeutic option? *Intern Emerg Med [Internet]*. 2020 Aug 9;15(5):845–52. Available from: <http://link.springer.com/10.1007/s11739-020-02355-7>

<sup>39</sup> Changeux J-P, Amoura Z, Rey FA, Miyara M. A nicotinic hypothesis for Covid-19 with preventive and therapeutic implications. *Comptes Rendus Biol [Internet]*. 2020 Jun 5;343(1):33–9.

<sup>40</sup> L'Assistance Publique – Hôpitaux de Paris lance une étude nationale pour évaluer l'efficacité de la nicotine en prévention de l'infection COVID-19 chez le personnel soignant : Nicovid Prev [Internet]. Available from: <https://www.aphp.fr/contenu/lassistance-publique-hopitaux-de-paris-lance-une-etude-nationale-pour-evaluer-lefficacite--0>

SARS-CoV-2 is a beta-coronavirus, like the common cold, which is not fatal but which uses the same mechanisms of infection as the Spike protein (or S protein) of the virus. The spike protein binds to the same enzyme (ECA2), as with other coronaviruses, to infect the body. However, it has been discovered that SARS-CoV-2 has within its genomic sequence an alternative mechanism which, unlike other respiratory coronaviruses, specifically and virulently attacks the nicotinic receptors (nAChR) and renders them toxic<sup>41</sup>. This bypasses the anti-inflammatory and immunomodulatory functions of acetylcholine by toxifying the nicotinic receptors and leading to over-inflammation and disruption of the immune system. This strong inflammatory response can lead to severe respiratory alterations and death from the COVID-19 disease.

In summary, SARS-CoV-2 infects the organism via the ACE2 enzyme, like many other viruses, but its SEVERITY and LETHALITY are not so much associated with infection / infectivity through binding to ACE2 with the spike protein (S), but are rather associated with the subsequent toxification that protein S of SARS-CoV-2 produces in nicotinic receptors and acetylcholine. NACHRs and acetylcholine should be able to regulate inflammation and the immune system, but are disrupted and toxified, thus inhibiting their antiviral, anti-inflammatory and immunomodulatory functions, and resulting in the severe and fatal forms of COVID-19 reported in large swaths of patients<sup>42</sup>. Through the toxification of nicotinic receptors, SARS-CoV-2 is fixed in the brain and is able to alter cognitive and mental functions, hence its label as a "neurotropic virus" (neurotrope: a substance with great affinity for nervous tissues, both central and peripheral, bearing responsibility in meningitis, meningoencephalitis, acute flaccid paralysis, demyelinating diseases, among others). SARS-CoV-2 is therefore a nicotinic and neurotropic virus which acts on the central nervous and nicotinic system, and affects the acetylcholine system<sup>43,44</sup>.

Why? SARS-CoV-2 turns out to contain genomic sequences of toxins from poisonous snakes (such as alpha-bungarotoxin from the bungarus snake<sup>45</sup>) and rabies<sup>46</sup>, which are not found in other less-infectious and less-fatal coronaviruses. These SARS-CoV-2 specific neurotoxins are responsible for the specific targeting of nicotinic receptors as well as for creating all of the problems described which increase the virus' lethality and severity and which can, furthermore, be reversed by nicotine<sup>47</sup>. Neurotoxins in general and those contained in SARS-CoV-2 produce neurological

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<sup>41</sup> Farsalinos K, Eliopoulos E, Leonidas DD, Papadopoulos GE, Tzartos S, Poulas K. Molecular modelling and docking experiments examining the interaction between SARS-CoV-2 spike glycoprotein and neuronal nicotinic acetylcholine receptors. Prepr 2020, [Internet]. 2020;(May):1–29. Available from: [www.preprints.org](http://www.preprints.org)

<sup>42</sup> Alexandris N, Lagoumintzis G, Chasapis CT, Leonidas DD, Papadopoulos GE, Tzartos SJ, et al. Nicotinic cholinergic system and COVID-19: In silico evaluation of nicotinic acetylcholine receptor agonists as potential therapeutic interventions. *Toxicol Reports* [Internet]. 2021;8:73–83. Available from: <https://linkinghub.elsevier.com/retrieve/pii/S2214750020304583>

<sup>43</sup> Farsalinos K, Niaura R, Le Houezec J, Barbouni A, Tsatsakis A, Kouretas D, et al. Editorial: Nicotine and SARS-CoV-2: COVID-19 may be a disease of the nicotinic cholinergic system. *Toxicol Reports* [Internet]. 2020;7:658–63. Available from: <https://linkinghub.elsevier.com/retrieve/pii/S2214750020302924>

<sup>44</sup> Those wishing to deepen the scientific data on the effects of black tobacco in relation to covid-19, can refer to the following article already available online in English (<https://doi.org/10.32388/DP7ZSF>) and which will be peer reviewed and published in its final version in the Journal Q1 Toxicology-Reports : <https://www.qeios.com/read/DP7ZSF> : Effectiveness in Humans of antiviral drug based on cholinergic agonists with specific design and route of administration against covid-19 symptoms in a group of infected patients vs control group.

<sup>45</sup> Lentz TL, Hawrot E, Wilson PT. Synthetic peptides corresponding to sequences of snake venom neurotoxins and rabies virus glycoprotein bind to the nicotinic acetylcholine receptor. *Proteins Struct Funct Bioinforma*. 1987;2(4):298–307.

<sup>46</sup> Lentz TL, Burrage TG, Smith AL, Crick J, Tignor GH. Is the acetylcholine receptor a rabies virus receptor? *Science* (80- ). 1982;215(4529):182–4.

<sup>47</sup> Farsalinos K, Niaura R, Le Houezec J, Barbouni A, Tsatsakis A, Kouretas D, et al. Editorial: Nicotine and

symptoms such as those seen in large groups of patients with COVID-19 (emotional lability, depression, delirium, loss of smell and taste, dementia, insomnia, anxiety).

Wild tobacco has been used empirically and since time immemorial to ward off poisonous snakes and to cure their bites by using plasters on the bite area or by ingesting liquid wild tobacco<sup>48</sup>.

Tobacco (containing medicinal nicotine), as well as other more specific molecules opposing the neurotoxins contained in SARS-CoV-2, invert and activate nicotinic receptors in the brain and in various cells in the body, rehabilitating the anti-inflammatory system of acetylcholine, regulating the immune system and reversing complications from over-inflammation and cognitive impairment caused by the virus.

## 8. Vaccines against Covid-19 and medicinal tobacco

Vaccines for COVID-19 have focused on the creation of antibodies to inhibit the fusion of the S protein of SARS-CoV-2 with the ECA2/ACE2 enzyme of the human host.

As the vaccination control and surveillance agencies in many countries have shown, in some cases and especially in the current vaccine against COVID-19, vaccines in general can produce serious allergic reactions and various problems in the short-term<sup>49</sup>. Many questions arise in the medium- and long-term, particularly regarding vaccines obtained through genetic engineering, and, more recently, by so-called messenger RNA, or “true GMO systems”, which can replicate, for example, aberrant segments of DNA into host cells through a mechanism called reverse transcriptase. This process can occur especially easily in immunocompromised individuals. Dr Tadeusz Nawrocki, specialist in molecular biology, invites us to ask a fundamental question: "*What will happen to this degraded DNA or the fragments of released RNA, which cause so many uncontrollable activities, and which follow our specific molecular, viral and microbial HLA mimicry?*"<sup>50</sup>.

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SARS-CoV-2: COVID-19 may be a disease of the nicotinic cholinergic system. Toxicol Reports [Internet]. 2020;7:658–63. Available from: <https://linkinghub.elsevier.com/retrieve/pii/S2214750020302924>

<sup>48</sup> Dey A, De JN. Traditional use of plants against snakebite in indian subcontinent: A review of the recent literature. African J Tradit Complement Altern Med. 2012;9(1).

<sup>49</sup> Between December 14, 2020 and April 8, 2021, a total of 68,347 adverse events were reported to VAERS (US), including 2,602 deaths - an increase of 260 from the previous week - and 8,285 serious injuries, 314 more than the previous week. Of the 2,602 deaths reported as of April 8, 27% occurred within 48 hours of vaccination, 19% within 24 hours and 41% in people who became ill within 48 hours of vaccination.

<https://leblogalupus.com/2021/04/21/ce-que-la-base-de-donnees-vaers-des-cdc-revele-sur-les-reactions-post-vaccinales-indesirables/>

French drug evaluation center says all four Covid-19 vaccines are dangerous and should be withdrawn from the market (24.4.2021) <https://mirastnews.net/2021/04/24/le-centre-francais-devaluation-des-medicaments-declare-que-les-quatre-vaccins-covid-19-sont-dangereux-et-devraient-etre-retires-du-marche/>

European database on the adverse effects of COVID-19 “vaccines” as of April 17, 2021: 7,766 deaths and 330,218 injuries (disabled). <https://4bmzso125cy52azszjsg3z3qtm-adv7ofecxzh2qqi-vaccineimpact-com.translate.googleusercontent.com/2021/7766-dead-330218-injuries-european-database-of-adverse-drug-reactions-for-covid-19-vaccines/>

American Front?Line Doctors Warning - AFLDS: (26.4.2021) on numerous side effects. AFLDS is aware of thousands of reports of vaginal bleeding, postmenopausal vaginal bleeding, and miscarriages after COVID-19 vaccination, as well as anecdotal reports of similar adverse events among people in close contact with the vaccinated. <https://www.americasfrontlinedoctors.org/action-alerts/identifying-post-vaccination-complications-their-causes-an-analysis-of-covid-19-patient-data>

<sup>50</sup> <https://class.alternative-academy.net/dr-tadeusz-nawrocki-consequences-indesirables-film-a-visionner-gratuitement/> A series of 4 videos about the coronavirus, followed by several testimonials, CV and publications from Dr T Nawrocki: <https://class.alternative-academy.net/4-entretiens-nawrocki/>

Natural or chemically synthesized drugs have a natural elimination process in the body. This does not happen with vaccines which, when inoculated, produce changes in the body's RNA and, in some cases, can affect human DNA (through reverse transcription mechanisms, as has been observed in people with AIDS<sup>51</sup> or in severely immunocompromised groups). This possibility of integrating SARS-CoV-2 into the human genome has now been scientifically demonstrated and is therefore no longer in doubt<sup>52</sup>.

There are two main types of SARS-CoV-2 vaccines.

#### A) Modern technology messenger RNA vaccines

Very unstable and wrapped in a greasy coating, mRNA vaccines have been tested experimentally against cancer and in other uses, but never on a large scale. Their medium and long-term effects are unknown. The relative short-term efficacy<sup>53</sup> is, however, limited by the mutability of the virus: the emergence of new mutant strains of SARS-CoV-2 seem to partially escape - perhaps completely for future mutations - the protection given by the RNA vaccines. This is a problem because SARS-CoV-2 could become, according to the WHO<sup>54</sup> and several international experts, an endemic virus like influenza, however much more deadly because of its mutations. This means that vaccines would have to be administered repeatedly after several months to the entire population to maintain the level of herd immunity, as in the case of influenza.

On the other hand, these same vaccines, paradoxically, promote mutations of SARS-CoV-2, as stated bluntly by Prof. Luc Montagnier. While claiming to fight against the pandemic the vaccines actually feed it, as the virus varies and becomes resistant to vaccination: "*The new variants are created by the selection of the antibodies produced by the vaccination (...) It is a huge error, it is a scientific error and a medical fault, it is unacceptable; someday history will take stock of all that, because it is indeed the vaccination which created the variants*"<sup>55</sup>.

Until now, vaccines against previous beta-coronaviruses such as SARS-CoV-1 and MERS have failed due to the high mutagenic capacity of these viruses, which make the vaccines designed for a specific strain obsolete and ineffective in protecting against the emergence of future mutant strains<sup>56</sup>. Manaus in Brazil and Iquitos in Peru achieved 75% natural herd immunity to the March strain from Wuhan, but the new strain that emerged in Brazil caused severe re-infections<sup>57</sup>. This indicates that the acquired immunity has, as in most coronaviruses, a natural duration of around 5 to 8 months and that re-infections are possible, as seems evident. These observations cast doubt on

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<sup>51</sup> Hu WS, Hughes SH. HIV-1 reverse transcription. Cold Spring Harb Perspect Med. 2012;2(10).

<sup>52</sup> Reverse-transcribed SARS-CoV-2 RNA can integrate into the genome of cultured human cells and can be expressed in patient-derived tissues, Liguó Zhanga, Alexsía Richardsa, M. Inmaculada Barrasaa, Stephen H. Hughesb, Richard A. Younga, and Rudolf Jaenisch, April 19, 2021 PNAS 2021 Vol. 118 No. 21 e2105968118 <https://doi.org/10.1073/pnas.2105968118>  
<https://www.pnas.org/content/pnas/118/21/e2105968118.full.pdf>

<sup>53</sup> It is necessary to differentiate the relative efficiency advocated at 80-90% by laboratories (Prof. Raoult speaks of 30 to 50%) from the absolute efficiency which is of the order of 0.7%. That is, 140 people have to be vaccinated to have one person protected.

<sup>54</sup> <https://www.theguardian.com/world/2020/dec/29/who-warns-covid-19-pandemic-is-not-necessarily-the-big-one>.

<sup>55</sup> <https://odysee.com/@ZeJournal:e/bf3706:6>

<sup>56</sup> Kymie C, Nonaka V, Franco MM, Gräf T, Verena A, Mendes A, et al. Genomic Evidence of a Sars-Cov-2 Reinfection Case With E484K Spike Mutation in Brazil. PreprintsOrg [Internet]. 2021;(6). Disponible sur <https://pangolin.cog-uk.io/>

<sup>57</sup> Kupferschmidt K. New coronavirus variants could cause more reinfections, require updated vaccines. Science (80- ). 2021;

the effectiveness of vaccines designed for older strains, use of which could lead to a rise in the severity of infections and the severity of COVID-19 disease if the population is vaccinated against some older strain. This phenomenon has been observed in northern Italy after mass influenza vaccination<sup>58</sup> and has also been observed for the dengue virus which, when mutated, can worsen the clinical outlook of already-vaccinated individuals who become re-infected<sup>59</sup>. This phenomenon is called ADE (Antibody Dependent Enhancement)<sup>60</sup>.

In a very recent article published in *The Lancet*<sup>61</sup>, it was noted that the Indian variant, already widespread in the UK, makes the Pfizer vaccine only 33% effective with one dose and just over 60% effective with two doses - a far cry from the original 95% effectiveness of the Pfizer / BioNTech vaccine against the original Wuhan strain. The more the virus mutates, the more the vaccine's effectiveness decreases. Moderna's vaccine was only 10% effective against the South African variant<sup>62</sup> and was withdrawn from the South African market. The pandemic will most likely follow a natural course in which it becomes endemic, leaving open the question of whether the strategy and risk-benefit ratio of perpetual annual vaccination is logical in the long-term.

mRNA vaccines send a message to the cell to produce proteins and antibodies that recognize the S protein of SARS-CoV-2 and neutralize the coupling or infection of the S protein in the host cell (ECA2 / ACE2). But the problem with these vaccines is that by replicating the S protein so that the body creates specific antibodies against it (at least in the original strain from Wuhan, March 2020), that part of the S protein which toxifies nicotinic receptors is also replicated. In other words, the current vaccine may offer relative protection<sup>63</sup> against the original strain of SARS-CoV-2 but by replicating only the Protein S part of the virus, the cholinergic system and the nicotinic receptors continue toxifying. This phenomenon is observed in several clinics and hospitals in Europe and, until an alternative method is developed that attenuates the toxicity of the protein S reproduced by the vaccine at the level of the nicotinic receptors, the vaccine will continue to toxify the cholinergic system and nicotinic receptors. That's where tobacco comes in.

On the other hand, those individuals already vaccinated continue to produce the spike protein and secrete and excrete it from their body, which becomes the source of their paradoxical ability to contaminate the unvaccinated and contribute to the spread of the infection<sup>64</sup>. The vaccine produces several billion peak protein particles in the recipient. Vaccinated patients may shed some of these particles (spike proteins) to close contacts. The particles have the ability to create inflammation and disease in these persons. In other words, spike proteins are pathogenic ("causing disease") just like

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<sup>58</sup> Wehenkel C. Positive association between COVID-19 deaths and influenza vaccination rates in elderly people worldwide. PeerJ. 2020;8.

<sup>59</sup> Lee WS, Wheatley AK, Kent SJ, DeKosky BJ. Antibody-dependent enhancement and SARS-CoV-2 vaccines and therapies. Nat Microbiol. 2020;5(10):1185–91.

<sup>60</sup> Anticorps facilitants et pathogénèse du COVID 19 : F. Negro et al. Is antibody-dependent enhancement playing a role in COVID-19 pathogenesis? Publication Date: 16.04.2020, Swiss Med Wkly. 2020;150:w20249, <https://www.revmed.ch/covid-19/anticorps-facilitants-et-pathogenese-du-covid-19>

<sup>61</sup> [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(21\)01290-3/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(21)01290-3/fulltext)

<sup>62</sup> <https://www.theguardian.com/world/2021/feb/08/oxford-covid-vaccine-10-effective-south-african-variant-study>

<sup>63</sup> Prof. Eric Raoult suggests a 30-50%, well below the declarations of laboratories which claim an efficiency of 90% or more...

<sup>64</sup> American Front'Line Doctors Warning – AFLDS: (26.4.2021), <https://www.americasfrontlinedoctors.org/action-alerts/identifying-post-vaccination-complications-their-causes-an-analysis-of-covid-19-patient-data>

Pfizer confirms that people vaccinated against COVID can produce excessively advanced proteins capable of crossing the blood-brain barrier and causing irreparable brain damage and harm to unvaccinated people. <https://christiansfortruth.com/confirmed-covid-vaccinated-people-can-shed-spike-proteins-and-harm-the-unvaccinated/>

the whole virus. What is most worrying is that a person's body is suddenly inundated with 13 billion of these particles, and the spike proteins bind more tightly than the fully intact virus. Due to the biomimicry (similarity) of the spike protein, shedding appears to be the root cause of a wide variety of autoimmune diseases (in which the body attacks its own tissues) among some individuals. Worldwide, cases of pericarditis, shingles, pneumonia, blood clots in extremities and brain, Bell's palsy, vaginal bleeding and miscarriages have been reported in people close to those who have been vaccinated (see note 59).

B) Other vaccines developed that are NOT based on messenger RNA technology are conventional vaccines.

These vaccines express the whole virus, attenuated or inactivated (messenger RNA vaccines only reproduce the S protein of the virus to generate antibodies), but they also mimic the virus' S protein and, once inoculated into the human body, can end up poisoning the nicotinic receptors and wreaking unexpected havoc through this S protein pathway.

Unlike mRNA vaccines, in which the cholinergic S protein epitope that toxifies nAChRs is folded and encapsulated in a lipid envelope, these other vaccines transport the free and "unfolded" S protein within the membrane of the attenuated virus allowing it to "interact" more easily with nAChRs and toxify them further. This would probably explain the strong reactions to the AstraZeneca and Jansen vaccine (which contain attenuated virus with "free" protein "unfolded" in the viral membrane, allowing more interaction with nAChRs) compared to those of Pfizer and Moderna (RNA, encapsidated and folded protein, with less possibility of contact with nAChRs).

Using wild medicinal tobacco after receiving the COVID-19 vaccine may help strengthen the inhibited cholinergic and nicotinic system. Tobacco could further prevent the toxification of the nicotine-cholinergic system by the vaccine, and could avoid short- and medium-term damage such as that produced by COVID-19 and SARS-CoV-2. This treatment could also improve the lingering effects of COVID-19 infection (known as post-covid or long-covid syndrome), which, in a significant percentage of the population, produces moderate to severe damage that prevents return to work and normal life<sup>65</sup>.

## **9. Uses of black tobacco against COVID-19**

### **9.1. General Information**

The following indications come from empirical experience and Amazonian traditions. In their standard formulation, these indications make no claim regarding absolute truth and must be adapted according to the context. In particular, we will take into consideration:

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<sup>65</sup> Townsend L, Dyer AH, Jones K, Dunne J, Mooney A, Gaffney F, et al. Persistent fatigue following SARS-CoV-2 infection is common and independent of severity of initial infection. *PLoS One*. 2020;15(11 November). Goërtz YMJ, Van Herck M, Delbressine JM, Vaes AW, Meys R, Machado FVC, et al. Persistent symptoms 3 months after a SARS-CoV-2 infection: the post-COVID-19 syndrome? *ERJ Open Res* [Internet]. 2020 Oct;6(4):00542–2020. Available from: <http://openres.ersjournals.com/lookup/doi/10.1183/23120541.00542-2020>

- General condition of the individual and pathological history: there is a need to rule out obvious contraindications such as gastritis, hypertension problems, heart problems, metabolic disorders (diabetes, renal failure, etc.) etc. If in doubt, consult a licensed physician first.
- Individuals with previous experience smoking or those having their first experience: the lesser one's experience ingesting tobacco, the more limited should be their doses and frequency.

### **Three main cases can lead to the use of tobacco:**

1. Prophylaxis: prevention of infection by SARS-CoV-2 and prevention of contamination (via spike protein) when in contact with vaccinated persons.
2. Treatment of the after-effects of the infection (long-covid).
3. Detoxification following vaccination.

The tobacco we consider here is only dark tobacco (not blonde tobacco), and is preferably Amazonian tobacco (mapacho). Otherwise, "Indian tobacco", pipe tobacco (black and without perfumes or sweeteners), or even brown cigar tobacco can be used. Given the difficulty of obtaining pure Amazonian tobacco, and even if commercial brown tobacco might sometimes contain additives or pesticide residues, it can be used for the indications provided here, taking into consideration its limited use in quantity and frequency. These disadvantages remain minimal compared to the therapeutic advantages offered.

## **9.2. Processes**

The therapeutic uses of medicinal tobacco to which we will refer are as follows (we will not detail the other possible uses - enema, plasters or patches, chewed or licked tobacco, etc.):

### 1. Tobacco juice purge

The purge of tobacco juice can only be done when the person is accompanied by an experienced therapist who knows the ritual techniques and therapeutic gestures specific to traditional Amazonian medicines (ikaros, sopladas, chupadas, etc.). The ritual function amplifies the effects of tobacco and cannot be improvised, unless one takes great risks. The tobacco extract used can be watery, raw, or cooked (stronger and therefore more difficult to control).

It is strongly recommended not to use this process in a solitary and improvised way. This is why we will not give any indication of preparation or dose.

### 2. Mini-purge with tobacco infusion

Tobacco infusion mini-purges can be performed at home by the person concerned, provided that no ritual be performed. This is not a tobacco juice purge that should be ritualized and accompanied by a specialist. The introduction of a ritual for this purge from an infusion of tobacco would introduce energetic elements that could be difficult to master and would require the presence of a specialist.

- The purge should be done in the afternoon or in the evening on an empty stomach (at least 3 hours after the last ingestion of food).

- Soak the indicated dose of black tobacco in a glass of hot water for 20 minutes. Do not boil the tobacco, just let it steep.

- Remove the tobacco and drink the infusion.
- Wait 20 minutes.
- Then drink 2 liters of lukewarm water in succession (with breaks). This should not take more than 20 minutes. This will cause vomiting (and / or possibly diarrhea).
- When you have finished vomiting, take a shower with water only (no soap or shampoo - you can use a neutral soap without perfume such as Marseille soap).
- Rest (a feeling of drunkenness is possible) and do not eat anything until the next day. If you are thirsty, take an infusion of chamomile, anise or black tea (possibly with cinnamon or cloves), without sweetening. Avoid drinking water or cold drinks.
- When you awaken the next day, take a pinch of salt (preferably natural sea salt) on the tongue before breakfast.

### 3. Infused tobacco impregnation

- Soak the indicated dose of black tobacco in a glass of hot water for 20 minutes. Do not boil the tobacco, just let it steep.
- Remove the tobacco and drink the infusion.
- Do not ingest anything within 2 hours of taking it and remain at rest (intoxication may occur).
- Take a pinch of salt (preferably natural sea salt) on the tongue before eating.
- Can be done before sleeping (promotes teaching dreams). In some people, tobacco stimulates the mind to the point of preventing them from falling asleep: in this case, take the tobacco earlier in the day or in the morning after getting up.
- Take a moderate dose (2 gr) the first time to assess the reaction: there should be no nausea and even less vomiting. Reduce the dose if these reactions occur. If the dose is handled well, it can be successively increased (maximum 5 gr).
- This process should not be repeated more than once every 10 days.

### 4. Smoked tobacco

In Amazonian practice, this involves swallowing tobacco smoke into the stomach (as one would swallow water) and not inhaling into the lungs.

### 5. Inhalation of tobacco powder (rapé) or alcoholic extract (*singada*)

As our grandfathers did with snuff, a pinch of powdered tobacco is placed in the small depression at the base of the thumb, on the wrist (anatomical snuffbox). It is then brought underneath the nostril and is inhaled strongly into one nostril and then into the other.

There are also small cannulas for injecting the pinch of tobacco into the nostril, either by self-insufflation (V-cannula) or by using a straight cannula with the help of a third party. There are many varieties of rapé, however the best for this purpose is pure tobacco without any other added herb.

In the Peruvian tradition, tobacco macerated in brandy with a little honey is also used, which is inhaled in a small shell which serves as a cup. Without prior experience of its use, we do not recommend this method.

Tobacco sprays are currently being studied and produced to facilitate inhaled tobacco use and to utilize this preferred route of absorption.

### 9.3. Indications

**Keep in mind that these standard doses correspond to a young man in good health. For individuals of low weight, weak constitution, pathological history, or the elderly, it is necessary to adjust the dose, and if necessary, under medical advice. In these cases, and without any contraindication, it is desirable to start with a lower dose and to assess the clinical reaction and only then increase, reduce, or maintain the same dose and / or increase the time between each intake. Evaluation of the clinical reactions after taking the first dose and adjustment of the following doses is recommended for those utilizing the standard dose, as each individual has a different sensitivity to the effects of tobacco.**

#### 9.3.1. Prevention of infection by SARS-CoV-2 or by vaccinated person (via spike protein)

- Smoked tobacco: one mapacho (5 to 10 grams) every 3 days, swallowing the smoke.
- Impregnation: 2 to 5 grams every 10 days.
- Rapé or singada: once every 10 days.

#### 9.3.2. Treatment and prevention of the after-effects of infection (long-covid)

Tobacco cannot be used during the symptomatic phase of COVID-19, which requires appropriate medical care. It is necessary to wait at least 10 days after the resolution of the acute symptoms and the end of the treatment to consider the use of tobacco as a prevention and/or treatment of the after-effects of the infection.

Plan 3 mini-purges of infused tobacco (do not take before the third day after vaccination) with a minimum 3-day interval between each mini-purge, i.e. on days 1 - 5 - 9 with increasing doses of 10 gr, 20 gr, and then 30 gr of infused tobacco.

Depending on the clinical condition and on the needs felt, other mini-purges may be performed, especially for previous vaccinations of 9 months or more, however the maximum dose should never exceed 30 gr of infused tobacco. It is then advisable to space out the resting times between each mini-purge.

This standard process must be adjusted according to the clinical effects of the mini-purges on the symptoms, both in regard to the doses (never exceeding 30 gr) as well as to the intervals between each mini-purge (minimum 3 days of rest between each mini-purge).

It is also possible to use rapé (powdered snuff tobacco for nasal insufflation). In a 3 month treatment period, apply 3 days in a row one application for each nostril (preferably in the morning), rest for a week and then resume again for 3 days.

### 9.3.3. Detoxification following vaccination

These indications apply only to COVID-19 vaccines. They apply to people who have been vaccinated once or more with any of the COVID-19 vaccines available on the market.

It is best to perform this procedure as soon as possible after vaccination (but not before 3 days after vaccination).

We proceed in the same way and under the same conditions as for the treatment of long-covid (see previous paragraph).

## **Conclusion**

Amazonian ancestral knowledge regarding the use of black tobacco coincides with scientific observations on the endogenous cholinergic and nicotinic system, and provides a possible solution to the risks posed by the SARS-CoV-2 (COVID-19) pandemic, both at the prophylactic level, through prevention of infection and contamination through the spike protein from contact with vaccinated populations, as well as for the treatment of the lingering consequences of the disease (long-covid) and the other adverse effects of the vaccines.

These empirical observations must be contextualized and adapted according to the clinical parameters of each individual, taking into account the precautions and respect for the rules inherent in any therapy that includes the ingestion of a potentially toxic psychoactive substance at high doses.

Amazonian empirical science offers us a holistic therapeutic tool which, beyond the biomedical health dimension, makes it possible to restore a broader state of health which embraces the psyche and the spirit and offers us another perspective on this global crisis of our time.

## Annex

### **Example of treatment for the after-effects of COVID-19 and / or long-COVID.**

Beatrice is a 58-year-old therapist who once had the opportunity to take Amazonian plants as part of a process at the Takiwasi Center.

She weighs 60 kgs has a height of 1.65 m. She is not a smoker. She has no significant medical history and is not taking any medication. She has not been vaccinated against COVID.

On January 23, 2021 she shows the first symptoms of COVID and will have a positive PCR test on January 31, 2021. The symptoms presented are 38°C fever (1 day), chest tightness (2 days), loss of smell and taste (3 days), muscle fatigue (6 days) and general fatigue (8 days). She is treated with Vitamin D, zinc and azithromycin.

On 02.13.2021, the symptoms of long-COVID (sequelae) appear in the form of strong and permanent rigidities in the hands, especially in the right hand, uncontrollable movement of the two ring fingers, sensations of very painful torsion in the right wrist, electricity in the right forearm, and pains in the pelvis and lower back. These physical manifestations are associated with moderate but permanent mood disturbances such as anxiety, irritability and mood swings, and insomnia.

Having at her disposal black tobacco from Peru (mapachos), she took a mini-purge of 30 gr of tobacco on 03.7.2021.

After the first purge, she observed a complete, 100%, and immediate disappearance of muscle fatigue. The next day general fatigue and diffuse discomfort completely disappeared, along with sleep disorders. Muscle pain and stiffness immediately improved by 80% but reappeared (especially stiffness of the hand) after 2 days.

Béatrice then decides to carry out a second mini-purge of 25 gr of tobacco on 9.03.2021.

She again and immediately observed a 95% improvement in muscle and joint symptoms, as well as in sleep disturbances.

However, on March 19, 2021, ten days after completing the second mini-purge, the insomnia returned. 15 days after the purge the rigidity of the right hand and the joint pain in the pelvis and lower back reappeared. These manifestations seemed to mark a resolution crisis, as on March 22, 2021, all the symptoms disappeared, following what Beatrice considers a final "push", which began ten days after the second mini-purge.

Feeling healed, Beatrice did not take a 3rd mini-purge.

Beatrice has returned to a normal and healthy state. She took no medication.