







PRESENTATION

Comprehensive Nutraceutical Interventions For (LONG)COVID 19 Conditions

Disclaimer: This presentation cannot and does not contain medical advice. The information is provided for general informational and educational purposes only and is not a substitute for professional medical advice.

Accordingly, before taking any actions based upon such information, we encourage you to consult with the appropriate professionals. We do not provide any kind of medical advice.



I am here today to make a strong case for nutraceuticals and dietary supplements.

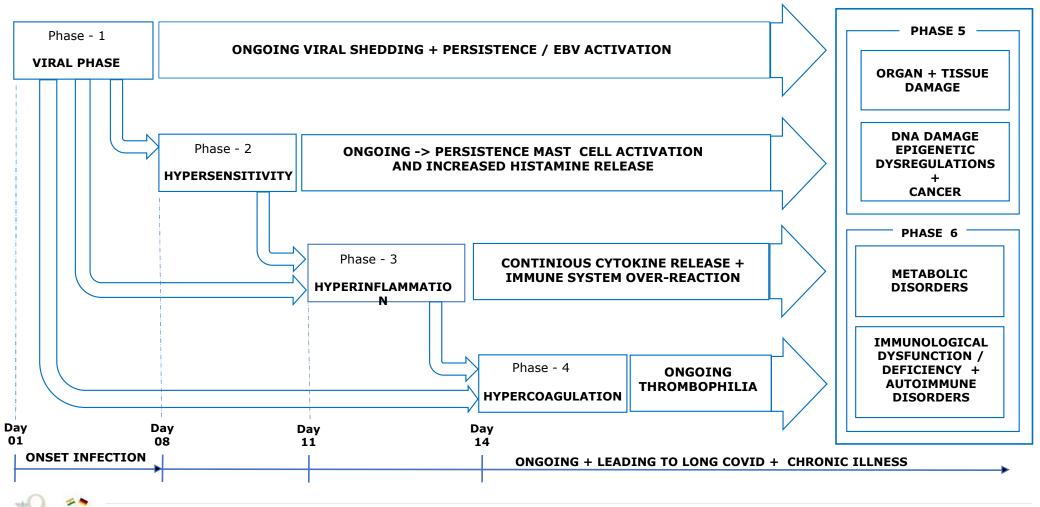
Over the last decade I dedicated my resources and time to the question of why do we have such an incredible healthcare system in the developed world with such a highlife expectancy but with constantly rising numbers of chronic illnesses? (45% of US population as of 2018) One of the driving factors we could find, is our current lifestyle, especially conventional food coming from industrialized agriculture and being processed and refined. Lacking phenolic compounds minerals and other signalling molecules, and on top of that containing an array of disruptive chemicals. My colleagues and I setup several small and large scale organic agricultural projects in order to produce better food and at the same time developed nutraceutical interventions that restore and balance the organisms of people being overly exposed to "modern lifestyle".

In January 2020 Sars Cov2 came in, an additional problem that needed to be solved. We ran many of the pathways that were showing to be disrupted in Covid and Long Covid through extensive databases in order to filter out of 8000 known natural molecules the most promising "multitalented" ones.

In order to have them do their synergistic job of restoring homeostasis, assimilating in the affected cell and organ regions, we had to over come the biggest obstacle, which is well known, BIOAVAILABILITY!

In the following slides I will show you some of the data and the science behind it:





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LONG COVID PROTOCOL



VEDICINALS 9®

Suspension 50 mL Recommended Dosage :

01 Bottle (50mL) Daily for 28 days or 42 days as directed by your medical professional.

FOR INTERNATIONAL ORDERS,

Click below button

Buy Vedicinals9

www.vedicinals.com

LONG COVID RECOMMENDATIONS

As hypersensitivity, inflammatory and thrombotic conditions are present in Long Covid Conditions. We advise to check on certain habits and diets.

1. Try to avoid foods that are high in Histamine.

Link https://www.mastzellaktivierung.info/downloads/foodlist/21 FoodList

: EN alphabetic withCateg.pdf

- 2. Try to eat more fresh unprocessed food.
- 3. Try to eat mostly organic !!!
- 4. Drink plenty of water! (avoid plastic bottles and cans)
- 5. While feeling unwell please do not exaggerate physical activities!
- 6. Avoid mouldy houses!
- 7. Avoid perfumes, scented candles and air fresheners.

Following dietary supplements have been reported to be beneficial in combination with Vedicinals9®

VITAMIN C

ZINC

MELATONIN

OMEGA3

SULFOROPHANE

MONOLAURIN

(Please define individual dosages with your health professional)

Probiotics

Histamine Contains following strains:

Bifidobacter
Bifidobacter
Bifidobacter
Bifidobacter
Lactobacillu
Lactobacillu
Latobacillu
Bifidobacter
Bifidobacter
Bifidobacter
Bifidobacter
Bifidobacter

Bifidobacterium infantis Bifidobacterium bifidum Bifidobacterium longum Lactobacillus salivarius Lactobacillus plantarum Bifidobacterium lactis Bifidobacterium breve

Click below link to view details

https://www.ergomax.de/seekinghealth-probiota-histaminx-60kapseln

Microbiome Labs RestorFlora

Contains following strains: Saccharomyces boulardii (CNCM-I-

1079)
Bacillus clausii (SC-109)
Bacillus subtilis (HU58)
Cellulose, Vegetarian Capsule.

Click below link to view details https://www.amazon.com/Restorflora-

Probiotic-Supplement-50-Capsules/dp/B00NAOSGAE



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PHASE - 1: VIRAL REPLICATION

By targeting the virus structural proteases, blocking a large number of host cell receptors, reducing cell fusion cleavage enzymes and dampen intracellular replication, we obtained very good results during our clinical phase 2 trials.

4. Covid 19 patients CT value (Viral Load RT-PCR)



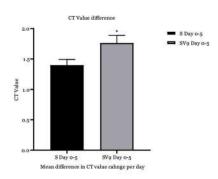
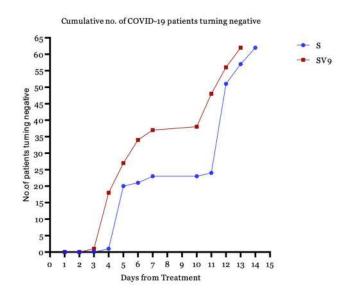


Fig 2. Effect of VEDICINALS9 on CT value (Viral Load) of COVID-19 positive patients from day 0 to 5. Data interpret following: comparison of mean difference in CT value per day (Viral Load) from day 0 to 5, when vedicinals9 5000mg adjuvant with standard intervention compared with standard intervention alone. Data represented as change in CT value (Viral Load) levels (Mean ± SEM) in two comparable interventional group (n=62 per group). Significant at "p<0.05, **p<0.01, ****p<0.001 when compared before and after intervention at day 5 both interventional groups. [Unpaired t test with Welch's correction]

Cumulative no. of COVID-19 patients turning negative in days (RT-PCR)







PH	ASE -1 : VIRAL REPLICATION					Act	ive Ingred	lients			
VIF	RUS STRUCTRAL PROTEASE INHIBI	ITORS	BAICALIN	QUERCETIN	LUTEOLIN	RUTIN	HESPERIDIN	CURCUMIN	EGCG	PIPERINE	GLYCYRRHIZIN
01	3C-LIKE PROTEASE	INHIBITORS	*	*	*	*	*	*	*	*	*
02	SPIKE GLYCOPROTEIN	INHIBITORS		*	*		*	*			*
03	ENVELOPE GYLCOPROTEIN	INHIBITORS					*				
04	NUCLEOCAPSID PROTEIN	INHIBITORS					*				
05	PAPAIN-LIKE PROTEASE	INHIBITORS	*						*		
06	RNA-DEPENDENT RNA POLYMERASE	INHIBITORS		*		*				*	*
07	HELICASE	INHIBITORS				*	*				
PH	ASE -1 : VIRAL REPLICATION		-			Act	ive Ingre	dients			
BLC	CKING HOST CELL RECEPTORS - B	INDING INHIBITORS	BAICALIN	QUERCETIN	LUTEOLIN	RUTIN	HESPERIDIN	CURCUMIN	EGCG	PIPERINE	GLYCYRRHIZIN
08	RBD-ACE 2	BINDING INHIBITORS	*	*		*	*	*	*		*
09	APN + CD 13	BINDING INHIBITORS						*			
10	DPP4	BINDING INHIBITORS		*		*		*	*		
11	CD 147	BINDING INHIBITORS	*					*	*	*	
12	PALS - 1	BINDING INHIBITORS	*	*	*		*	*	*	*	*
13	NRP - 1	BINDING INHIBITORS		*				*	*		
14	VIMENTIN	BINDING INHIBITORS	*	*	*			*	*		
15	GRP - 78	BINDING INHIBITORS	*	*	*	*		*	*	*	
16	GP - 41	BINDING INHIBITORS						*	*		
17	LIPID RAFTS	INHIBITORS						*	*		*
18	INTEGRIN AVB3	INHIBITORS		*	*			*	*		



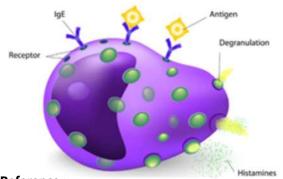
PH/	ASE -1 : VIRAL REPLICATION					Act	ive Ingred	lients			
CLE	AVAGE/ FUSION ENZYME INHIBITORS		BAICALIN	QUERCETIN	LUTEOLIN	RUTIN	HESPERIDIN	CURCUMIN	EGCG	PIPERINE	GLYCYRRHIZIN
19	ENDOCYTOSIS	INHIBITORS	*	*		*		*	*		*
20	TMPRSS - 2	INHIBITORS	*						*		*
21	FURIN	INHIBITORS	*		*	*	*	*		*	
22	TRYPSIN	INHIBITORS	*	*	*	*	*	*	*		*
23	CATHGPSIN - 6	INHIBITORS		*							
24	HEPARAN SULFATE BINDING	INHIBITORS								*	
25	TYROSINE KINASE	INHIBITORS	*	*	*			*	*	*	
26	SYNCYTIUM / SYNCYTIA FORMATION	INHIBITORS	*	*	*						
27	ALPHA ANTI TRYPSIN	AGONISTS		*		*		*	*		
PH/	ASE -1 : VIRAL REPLICATION					Acti	ve Ingred	lients			
INT	RACELLULAR REPLICATION ANTAGONISTS		BAICALIN	QUERCETIN	LUTEOLIN	RUTIN	HESPERIDIN	CURCUMIN	EGCG	PIPERINE	GLYCYRRHIZIN
28	ZINC IONOPHORES			*					*		
29	DODH	INHIBITORS	*	*	*			*		*	*
30	CALPAIN	INHIBITORS		*							



PHASE - 2: HYPERSENSITIVITY

How To Reduce Mast Cell Activation?

Mast Cell



Reference:

https://franklincardiovascular.com/do-i-have-mast-cellactivation-syndrome-mcas/

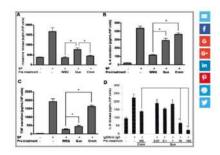
https://openi.nlm.nih.gov/detailedresult?img=PMC3314669_ pone.0033805.g002&req=4

https://www.sciencedirect.com/science/article/pii/S09254439 10002929

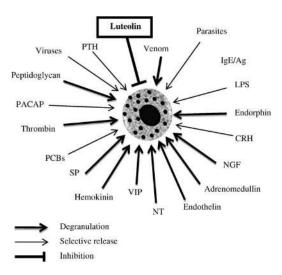
Quercetin

Quercetin is more effective than cromolyn in blocking human mast cell cytokine release and inhibits contact dermatitis and photosensitivity in humans.

Weng Z, Zhang B, Asadi S, Sismanopoulos N, Butcher A, Fu X, Katsarou-Katsari A, Antoniou C, Theoharides TC - PloS



Luteolin



PHASE - 2 : HYPERSENSITIVITY

Active Ingredients BAICALIN QUERCETIN LUTEOLIN RUTIN HESPERIDIN CURCUMIN **EGCG** PIPERINE GLYCYRRHIZIN 31 **ANTI - HYSTAMINES + H1 BLOCKERS** * **MAST CELL** * * * 32 **STABILIZERS** 33 * B-CELL / igE **ANTAGONISTS** * **ANTAGONISTS** 34 **GLIAL CELL ACTIVATION / SCARRING**

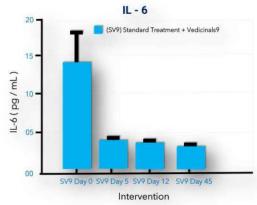




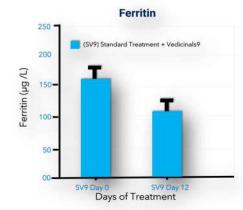
CLINICAL TRIAL RESULTS OF VEDICINALS-9 ADJUVANT TREATMENT OF COVID19 PATIENTS & LONG COVID PREVENTION

HYPERINFLAMMATION

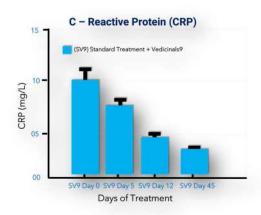




Human Clinical Trial Results of VEDICINALS 9 (Publication currently in journal peer review)



Human Clinical Trial Results of VEDICINALS 9 (Publication currently in journal peer review)



Human Clinical Trial Results of VEDICINALS 9 (Publication currently in journal peer review)





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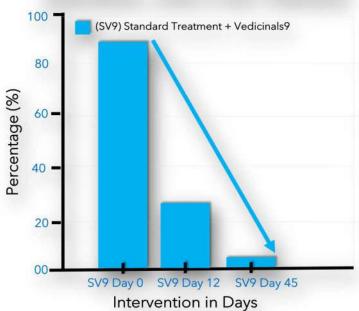
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CLINICAL TRIAL RESULTS OF VEDICINALS-9 ADJUVANT TREATMENT OF COVID19 PATIENTS & LONG COVID PREVENTION

PHASE - 5: ORGAN DAMAGE LUNG ABNORMALITIES



ABNORMAL LUNG X-RAY FINDINGS



Human Clinical Trial Results of VEDICINALS 9 (Publication currently in journal peer review)

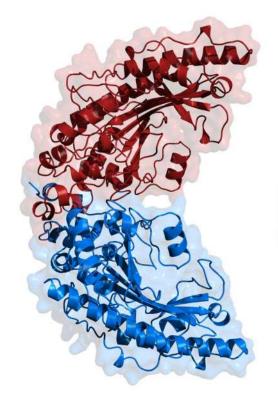
RESTORING LUNG FUNCTION AND PREVENTING FIBROSIS



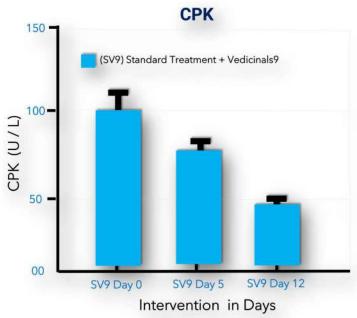
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CLINICAL TRIAL RESULTS OF VEDICINALS-9 ADJUVANT TREATMENT OF COVID19 PATIENTS & LONG COVID PREVENTION



MUSCLE PAIN / MUSCLE DAMAGE



Human Clinical Trial Results of VEDICINALS 9

Creatine phosphokinase

(a.k.a., creatine kinase, CPK, or CK)

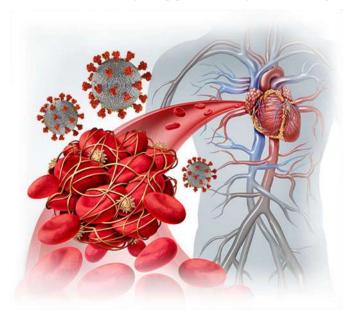
- Is an enzyme (a protein that helps to elicit chemical changes in your body) found in your heart, brain, and skeletal muscles.
- When muscle tissue is damaged, CPK leaks into your blood.

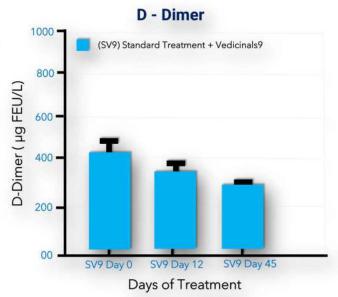


CLINICAL TRIAL RESULTS OF VEDICINALS-9 ADJUVANT TREATMENT OF COVID19 PATIENTS & LONG COVID PREVENTION

PHASE - 4 HYPERCOAGULATION / THROMBOSIS

Lowering Hypercoagulability





Human Clinical Trial Results of VEDICINALS 9 (Publication currently in journal peer review)

A

Possible Drug target pathways to prevent Thrombosis:

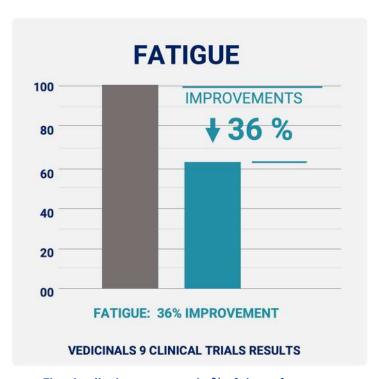
- · Pdi inhibitors,
- P-selectin inhibitors,
- Lower platelet accumulation in arteries,
- Lower fibrin formation in veins,
- · Inhibit enzymatic activity of thrombin,
- Coagulation factor x inhibitors,
- Ppi kinases inhibitors,
- · Platelet cytosolic phospholipase inhibitors,
- · Thromboxane a2 inhibitors,
- Emmprin/cd147 inhibitors

B

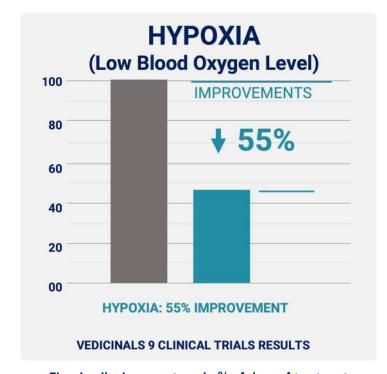
Restoring RBC plasticity/deformability



CLINICAL TRIAL RESULTS OF VEDICINALS-9 ADJUVANT TREATMENT OF COVID19 PATIENTS & LONG COVID PREVENTION



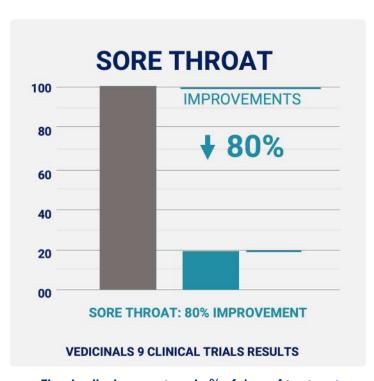
Time in allaying symptoms in % of days of treatment



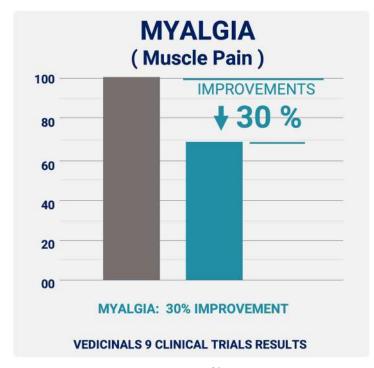
Time in allaying symptoms in % of days of treatment



CLINICAL TRIAL RESULTS OF VEDICINALS-9 ADJUVANT TREATMENT OF COVID19 PATIENTS & LONG COVID PREVENTION



Time in allaying symptoms in % of days of treatment



Time in allaying symptoms in % of days of treatment



PRECLINICAL TRIAL RESULTS ON MYOCARDIAL INFARCTION

CARDIOPROTECTIVE EFFECTS OF VEDICINAL-9 ON ISOPROTERENOL INDUCED MYOCARDIAL INFARCTION IN RATS

Pralhad Wangikar MVSc, PhD, DABT



April 3, 2021

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PRADO- Preclinical Research And Development Organization, Pvt. Ltd www.pradopreclinical.com

Objective

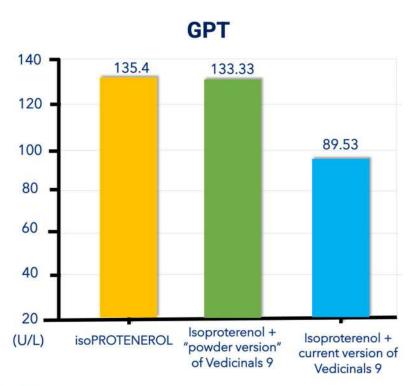
The objective of the study is to assess the effect of pre and post treatment of Vedinical-9 in isoproterenol induced myocardial infarction in rats





BIO-AVAILABILITY & ABSORPTION

Glutamate Pyruvate Transaminase (GPT) in blood serum. GPT is an enzyme found in heart cells, kidney, muscles and liver



- Control /un-treated group GPT 135.4
- Conventional Supplements , 9 molecules combined GPT is 133.3
- Vedicinals 9 treated group GPT 89.5

Improvement in GPT with

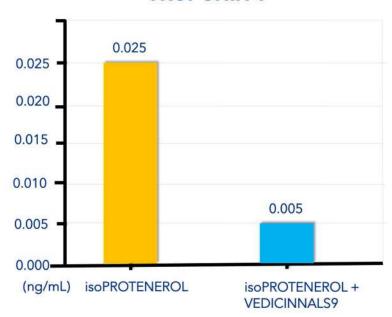
- Conventional 9 supplements administered mixed is 2.07
- Vedicinals- 9 is 45.8

21-fold increase in Bioavailability achieved by Vedicinals- 9 Suspension with proprietary knowhow



PRECLINICAL TRIAL RESULTS ON MYOCARDIAL INFARCTION

TROPONIN-I

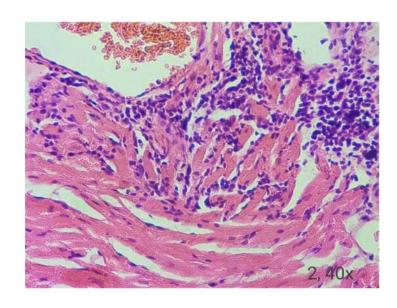


A troponin test measures the levels of troponin T or troponin I proteins in the blood. These proteins are released when the heart muscle has been damaged, such as occurs with a heart attack. The more damage there is to the heart, the greater the amount of troponin T and I there will be in the blood.

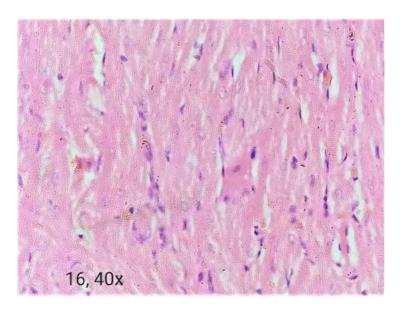


RESULTS HISTOPATHOLOGY

Isoproterenol + Vedicinals-9 Formulation



Group 1: Isoproterenol –Mild myocardial degeneration, infiltration of inflammatory cells, and extra-vasated RBCs. H &E, 40X



Group 3: Isoproterenol+Vedicinal-9 bioenhanced -Minimal myocardial degeneration, No infiltration of inflammatory cells, and No hemorrhages or vacuolations seen. H &E, 40X



PH	IASE - 3 : HYPERINFLAMATION					Act	ive Ingred	lients			
			BAICALIN	QUERCETIN	LUTEOLIN	RUTIN	HESPERIDIN	CURCUMIN	EGCG	PIPERINE	GLYCYRRHIZIN
35	INTERLEUKIN - 6	ANTAGONISTS	*	*	*	*	*	*	*	*	*
36	PRO-INFLAMMATORY CYTOKINE	ANTAGONISTS	*	*	*	*	*	*	*	*	*
36	TNF ALPHA	ANTAGONISTS	*	*	*	*		*	*	*	*
37	Nrf2	AGONISTS	*	*	*	*	*	*	*	*	
38	NLRP-3 & CASPASE-1	ANTAGONISTS	*	*	*		*	*	*	*	*
39	STAT 3 PHOSPHORYLATION	ANTAGONISTS	*	*	*			*	*	*	*
40	C REACTIVE PROTEIN	ANTAGONISTS	*	*		*		*	*		*
41	COX-2	ANTAGONISTS	*	*		*	*	*	*	*	*
42	CDK-6	ANTAGONISTS	*	*				*	*		
43	ROS	ANTAGONISTS	*		*		*		*		
44	EOSONOPHIL ACTIVATION	ANTAGONISTS	*	*	*	*		*	*		*
45	NEUTROPHIL / NETOSIS	ANTAGONISTS	*	*	*			*	*		
46	SPLA2 - IIA	ANTAGONISTS	*	*		*		*			*
47	ANGIOTENSIN - II	ANTAGONISTS	*	*	*			*	*		*



PH	ASE - 3 : HYPERINFLAMATION					Act	ive Ingred	lients			
			BAICALIN	QUERCETIN	LUTEOLIN	RUTIN	HESPERIDIN	CURCUMIN	EGCG	PIPERINE	GLYCYRRHIZIN
48	VITAMIN D RECEPTORS	AGONISTS		*				*			
49	PEROXYNITRITE	ANTAGONISTS	*	*		*	*	*	*		*
50	INTRACELLULAR CALCIUM	ANTAGONISTS	*	*	*		*	*	*		
51	HEPCIDIN	ANTAGONISTS		*				*	*		
52	LPS - INFLAMMATION	ANTAGONISTS	*	*	*	*	*	*	*	*	*
53	NF-KB	ANTAGONISTS	*	*	*	*	*	*	*	*	*
54	TLR4	ANTAGONISTS	*	*	*		*	*	*		



DRU	G TARGET PATHWAYS - LONG	HAULER INDEX				Act	ive Ingred	lients			
COV	ID LONG HAULER PANEL - CH	CYTOKINE 14 PANEL	BAICALIN	QUERCETIN	LUTEOLIN	RUTIN	HESPERIDIN	CURCUMIN	EGCG	PIPERINE	GLYCYRRHIZIN
55	TNF-ALPHA	ANTAGONISTS	*	*	*	*	*	*	*	*	*
56	IL-4	ANTAGONISTS	*	*	*		*	*	*	*	*
57	IL-13	ANTAGONISTS		*	*		*	*			*
58	IL-2	ANTAGONISTS		*	*		*	*	*	*	
59	GM-CSF	ANTAGONISTS						*	*	*	
60	SCD40L	ANTAGONISTS		*	*			*	*		
61	CCL5 RANTES	ANTAGONISTS	*	*	*	*		*	*	*	*
62	CCL3 MIP-1 ALPHA	ANTAGONISTS		*				*			
63	IL-6	ANTAGONISTS	*	*	*	*	*	*	*	*	*
64	IL-7	ANTAGONISTS	*	*	*	*	*	*	*	*	
65	IL-10	ANTAGONISTS		*		*					*
66	IFN-GAMMA	ANTAGONISTS	*	*		*	*	*	*	*	
67	VEGF	ANTAGONISTS	*	*	*	*	*	*	*	*	*
68	IL-8	ANTAGONISTS	*	*	*	*	*	*	*	*	*
69	CCL4 MIP-1 BETA	ANTAGONISTS	*	*	*			*	*		



PH	ASE - 4 : HYPERCOAGULABILITY (THROMBOSIS)				Act	ive Ingred	lients			
			BAICALIN	QUERCETIN	LUTEOLIN	RUTIN	HESPERIDIN	CURCUMIN	EGCG	PIPERINE	GLYCYRRHIZIN
70	THROMBIN	ANTAGONISTS	*	*	*	*		*			*
71	PLATELET AGGREGATION	ANTAGONISTS	*	*		*		*	*	*	*
72	aPTT + PT PROLONGATION		*	*	*	*		*			
73	FIBRIN FORMATION	ANTAGONISTS	*			*		*			
74	D - DIMER	ANTAGONISTS	*	*	*	*	*	*	*	*	*
75	P - SELECTIN	ANTAGONISTS	*	*					*		
76	RRC PLASTICITY / DEFORMABLITY	AGONISTS	*	*	*	*	*	*	*		*
77	PROTEIN DISULFIDE ISOMERASES	ANTAGONISTS		*				*			
78	ICAM1	ANTAGONISTS	*	*	*		*	*	*	*	*
79	VCAM1	ANTAGONISTS	*	*	*		*	*	*		



PH	IASE -5 : ORGAN DAMAGE				Ac	tive Ingr	edients			
(CY	TOPROTECTIVE AND ORGAN RESTORING PATHWAYS)	BAICALIN	QUERCETIN	LUTEOLIN	RUTIN	HESPERIDIN	CURCUMIN	EGCG	PIPERINE	GLYCYRRHIZIN
80	PROTECTING + RESTORING LUNG TISSUES	*	*		*	*	*	*	*	*
81	PROTECTING + RESTORING MYOCARDIAL TISSUES	*	*	*	*	*	*	*	*	
82	TROPONIN —L ANTAGONISTS (MYOCARDIAL DAMAGE)	*	*			*	*			
83	CREATINE KINASE ANTAGONISTS (MUSCLE DAMAGE)	*	*			*	*	*		*
84	PROTECTING + RESTORING CARDIOVASCULAR TISSUES	*	*	*	*	*	*	*	*	*
85	HIF -1 ALPHA ANTAGONISTS (CARDIOVASCULAR MARKER)	*	*			*	*	*		
86	PPAR GAMMA AGONISTS (CARDIOVASCULAR MARKER)		*		*	*	*		*	
87	PROTECTING AGAINST CARDIAC FIBROSIS	*	*		*	*	*	*		
88	PROTECTING + RESTORING KIDNEY TISSUES	*	*	*	*	*	*	*	*	*
89	PROTECTING + RESTORING LIVER TISSUES	*	*	*			*	*		*
90	PROTECTING + RESTORING PANCREATICBETA CELLS	*		*		*	*	*		
91	PROTECTING AGAINST INTESTINALINFLAMMATION	*	*	*	*			*		
92	PROTECTING GUT BACTERIA	*	*		*	*	*	*	*	*
93	PROTECTING + RESTORING TIGHT JUNCTIONS	*	*	*	*	*	*	*	*	*
94	SENOLYTIC COMPOUND	*	*		*	*	*	*	*	*
95	HEME OXYGENASE AGONISTS	*	*	*	*	*	*	*	*	*



PH	ASE -5: ORGAN DAMAGE					Act	ive Ingred	lients			
(CY	TOPROTECTIVE AND ORGAN RESTOR	ING PATHWAYS)	BAICALIN	QUERCETIN	LUTEOLIN	RUTIN	HESPERIDIN	CURCUMIN	EGCG	PIPERINE	GLYCYRRHIZIN
96	CREATIN KINASE CK	ANTAGONISTS	*	*			*	*	*		*
97	BRCA1	AGONISTS		*				*			
98	P53	AGONISTS		*	*	*	*	*	*	*	
99	SIRT1	AGONISTS	*	*	*			*	*		*
100	РТХЗ	ANTAGONISTS	*				*	*	*		
101	GLYCOCALYX	PROTECTION		*					*		
102	TOXIN LIKE PEPTIDES (GUT)	ANTAGONISTS									



PH.	ASE -5 : NEURONAL DAMAGE					Act	tive Ingred	lients			
(C Y	TOPROTECTIVE PATHWAYS)		BAICALIN	QUERCETIN	LUTEOLIN	RUTIN	HESPERIDIN	CURCUMIN	EGCG	PIPERINE	GLYCYRRHIZIN
103	NEURO-PROTECTVE + ANTI NEURO-INFLAMMATORY	AGENTS	*	*	*	*	*	*	*	*	*
104	PROTECTING + RESTORING MYELIN SHEATH		*	*			*	*	*		*
105	NEUROGENESIS + SYNAPTOGENESIS	AGONISTS	*	*			*	*	*		
106	ENCEPHALOMYELITIS	ANTAGONISTS	*	*	*				*		*
107	PRION FORMATION PrPC	ANTAGONISTS	*	*				*	*		
108	ALPHA SYNUCLEIN /LEWY BODIES	ANTAGONISTS	*	*		*		*	*		
109	MYOSIN + FILOPODIA ADHESION	ANTAGONISTS	*		*				*	*	
110	TDP - 43	ANTAGONISTS							*	*	
111	TAU PROTIEN AGGREGATION (HEPARIN BINDING)	ANTAGONISTS	*	*	*	*		*	*		
112	AMYLOID AGGREGATION	ANTAGONISTS	*	*	*	*	*	*	*	*	
113	CASEIN KINASE - 2	ANTAGONISTS	*	*	*				*		*
114	GLUTATHIONE	AGONISTS	*	*		*	*	*	*		
115	BDNF	AGONISTS	*	*	*	*	*	*	*	*	*
116	PROTECTING + RESTORING MITOCHONDRIAL FUNCT	ION	*	*	*		*	*	*	*	*
117	PREVENTING AUTOIMMUNE DYSFUNCTION			*		*		*	*		
118	PROTECTING + RESTORING BBB INTEGRITY		*	*		*	*	*			



PH	ASE -5 : NEURONAL DAMAGE					Act	ive Ingred	lients			
(C)	YTOPROTECTIVE PATHWAYS)		BAICALIN	QUERCETIN	LUTEOLIN	RUTIN	HESPERIDIN	CURCUMIN	EGCG	PIPERINE	GLYCYRRHIZIN
119	CYTOCHROME C	ANTAGONISTS	*	*	*			*	*		
120	TRPV1	DESENSITISATION	*	*				*	*	*	
121	CD38	INHIBITORS		*	*						
122	NAD+										
123	KVNURENINE/TRYPTOPHANE	BALANCE	*	*	*		*	*	*		*
124	QUINOLINIC ACID	ANTAGONISTS						*	*		
125	EXOSOME SHEDDING	ANTAGONISTS	*	*				*	*		
126	REDOX	BALANCE	*	*	*	*		*	*		*
127	охрноѕ	REGULATION	*	*				*			
128	HPA/HTPA AXIS	BALANCE	*	*			*	*	*	*	*
129	GREY MATTER/ WHITE MATTER VOLUME	PROTECTION		*				*	*		
130	TOM70										



PHA	PHASE - 6 : METABOLIC DISORDERS				Active Ingredients									
			BAICALIN	QUERCETIN	LUTEOLIN	RUTIN	HESPERIDIN	CURCUMIN	EGCG	PIPERINE	GLYCYRRHIZIN			
131	HYPERGLYEMIA	ANTAGONISTS	*	*	*				*					
132	ALPHA - GLUCOSIDASE + AMYLASE	ANTAGONISTS	*	*	*	*		*	*	*	*			
133	HYPERLIPIDEMIA	ANTAGONISTS	*	*		*		*	*	*	*			
134	GLYCOLYSIS + GLUTAMINOLYSIS	ANTAGONISTS		*	*			*	*	*				

IMM	UNO MODULATING PATHWAYS		BAICALIN	QUERCETIN	LUTEOLIN	RUTIN	HESPERIDIN	CURCUMIN	EGCG	PIPERINE	GLYCYRRHIZIN
135	T - CELL STABLIZERS TH1 / TH2 BALANCE		*	*				*	*		*
136	BACTERIAL CO-INFECTION & BIOFILM		*	*	*	*		*	*	*	*
137	mTOR	INHIBITORS	*	*	*	*	*	*	*	*	*
138	MACROPHAGE POLARISATION + CCLZ REGULATORS	ANTAGONISTS	*	*	*	*		*	*		*
139	CCRS	ANTAGONISTS	*	*	*				*		
140	CX3CR1 FRAKTALKINE	ANTAGONISTS	*				*	*	*		



SECONDARY INFECTIONS/ PATHOGENIC OVERGROWTH				Active Ingredients							
			BAICALIN	QUERCETIN	LUTEOLIN	RUTIN	HESPERIDIN	CURCUMIN	EGCG	PIPERINE	GLYCYRRHIZIN
141	BACTERIAL COINFECTIONS (VARIOUS) INHIBITORS	*	*	*	*	*	*	*	*	*
142	LYME BORRELIOSIS	INHIBITORS	*	*	*						
143	MULTIDRUG RESISTANT BACTERIA	INHIBITORS	*	*	*	*	*	*	*	*	*
144	BIOFILM	INHIBITORS + DEGRADATION	*	*	*		*		*	*	*
145	CANDIDA & OTHER FUNGI	INHIBITORS	*	*	*	*		*	*	*	*
146	REVERSE TRANSCRIPTASE INHIBITOR	S INHIBITORS	*	*	*	*	*	*	*		*
147	(32) EPSTEIN-BARR	INHIBITORS	*	*	*			*	*		*
148	HERPES SIMPLEX TYPE 1	INHIBITORS	*	*				*	*		*
149	RSV	INHIBITORS	*	*	*	*	*	*	*		*
150	CYTOMEGALOVIRUS	INHIBITORS	*	*				*	*		*



28 DAYS REPEATED DOSE TOXICITY STUDY IN SPRAGUE DAWLEY RATS.

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Study Report for Study No.: PRADO/TOX-261

SUMMARY

Study No.	PRADO/TOX-261
Test Item	CORONASH TM
Study Title	28 Days Repeated Dose Toxicity Study of CORONASH TM by Oral Route in Sprague Dawley Rat with 14 Days Recovery Period
Route	Oral
Dose	Vehicle (0 mg/kg/day) and CORONASHTM (500, 750, 1000 mg/kg)
No. of Groups	6 (6 Animals/Sex/Group)

Parameters were evaluated include mortality, clinical signs, detailed clinical examination, body weight, feed consumption, Ophthalmoscopic examination, hematology, clinical chemistry, urine analysis, organ weights, gross and histopathological examination.

All the animals survived till the scheduled necropsy. All animals well tolerated the oral dose of **CORONASH**TM up to 1000 mg/kg for 28 consecutive days without any apparent signs of toxicity.

Weekly detailed clinical examinations did not reveal any clinical abnormalities in any of the animals. No treatment related adverse effects were noticed during ophthalmic examination at 1000 mg/kg in both sexes.

No test item related adverse effects were observed in body weights during experiment period. Feed consumption in all treatment groups was comparable with respective control groups.

There were no test item related gross pathological changes observed up to 1000 mg/kg in both sexes at the end of treatment and recovery period. There was no test item-related histopathological changes observed at high dose of 1000 mg/kg dose in both sexes at the end of treatment period.

All animals well tolerated the oral doses of **CORONASH**TM up to and including 1000 mg/kg for 28 consecutive days without any toxic effects. The NOAEL for **CORONASH**TM is considered to be 1000 mg/kg in both sexes after 28 days repeated oral administration in Sprague Dawley rats under above study conditions.

Please Note: In early 2020 a working title **CORONASH™** was being used, it is referring to the same product as later renamed VEDICINALS-9.





ACUTE TOXICITY STUDY IN SPRAGUE DAWLEY RATS.



Study Report for Study No.-PRADO/TOX-260

SUMMARY

Study No.	PRADO/TOX-260
Test Item	CORONASH TM
Study	Acute Toxicity Study in Rats
Route	Oral
Dose	2000 mg/kg
No. of Groups	2 (3 Females/Group)

Based on the results of this study, i.e. 'Acute Toxicity Study of **CORONASH™** by Oral Route in Sprague Dawley Rats', the Median Lethal Dose (LDso) of CORONASIM upon a single oral administration to female Sprague Dawley rats, in accordance with Globally Harmonized Classification System is **Category 5** (>5000 mg/kg of body weight).

- The LDso cut off value is 5000 mg/kg of body weight.
- Globally Harmonized Classification and Labelling of Chemicals: Category 5.
- For Restricted Circulation Only

Please Note: In early 2020 a working title **CORONASH™** was being used, it is referring to the same product as later renamed VEDICINALS-9.



Adverse Event Reports Of Human Clinical Trials.

12.2 ADVERSE EVENTS

- 12.2.1 Summary of adverse events
 - No AE recorded.
 - No summary listed.
- 12.2.2 Display of adverse events
 - One non-serious event (Headache) was reported by the one patient who was randomized to standard treatment (Appendix 16.3.1).
 - The reported event of headache was mild in severity and was not related to the study medication (Appendix 16.3.1).
- 12.2.4 Listing of adverse events by patient No AE listing was generated as there was only one non-serious event headache reported.

12.3 DEATHS, OTHER SERIOUS ADVERSE EVENTS AND OTHER SIGNIFICANT ADVERSE EVENTS

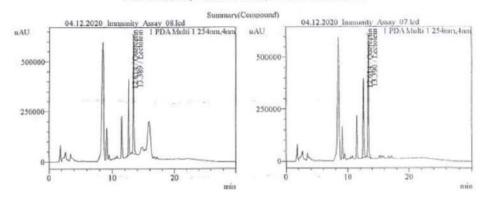
- There were no deaths, serious adverse events and other significant adverse events reported in the study. Therefore, no listings were generated, and no narratives were required.
- 12.3.1 Listing of Deaths, other Serious Adverse Events and Other Significant Adverse Events



QUALITY CONTROL DATA, HPLC, CHROMATOGRAMS, HEAVY METAL ANALYSIS

TIRUPATI MEDICARE LTD.

Nahan Road, Poanta Sahib, Distt. Sirmour, HP



Title	Sample Name	Sample 1D	Ret. Time	Area	Tailing Factor	NIP
04.12.2020 Immunity Assay	Immunity Booster	S/SCL/20001 1M 40/75 02	12.614	3088386	1,088	492-47
4.12.2020 Immunity Assay	Immunity Booster	S/SCL/20001 1M 40/75 01	12.614	3117387	1.096	48724
Werage			12.614	3102887	1.092	48985
RSD			0.000	0.661	0.496	0.755
Maximum			12.614	3117387	1.096	49247
dinimum			12.614	3088386	1.088	48724
Standard Deviation			0.000	20507	0.005	370

Title	Sample Name	Sample ID	Ret. Time	Area	Tailing Factor	NIP
34 12 2020 Immunity Assay	Immunity Booster	S/SCL/20001 1M 40/75 02	13.389	5446253	1.122	45409
4 12 2020 Immunity Assay	Immunity Booster	S/SCL/20001 1M 40/75 01	13,390	5423991	1.121	45251
Average			13.390	5435122	1.122	45330
S-RSD			0.003	0.290	0.082	0.247
Maximum			13.390	5446253	1.122	45409
Minimum			13,389	5423991	1.121	45251
Standard Deviation			0.000	15741	1909.0	112









"We want to thank your members for all efforts to provide (early) treatment and placing the patient's well-being above all other interest!"

Q & A

Ordering outside India

www.vedicinals-international.com/product/vedicinals-9

For ordering within India:

https://www.vedicinals.com/product/vedicinals-9/

Disclaimer: This presentation cannot and does not contain medical advice. The information is provided for general informational and educational purposes only and is not a substitute for professional medical advice. Accordingly, before taking any actions based upon such information, we encourage you to consult with the appropriate professionals. We do not provide any kind of medical advice.

VEJON CONFERENCES Long Covid Coalition Conference Saturday 30th April, 2022 @ 13:00 ET / 18:00 UK time

SPEAKER 1



Dr Carlo Brogna Italy



Stephanie Seneff, PhD USA



Joachim Gerlach Germany

SPEAKER 2



Dr Michael Van Elzakker USA



Dr Shankara Chetty South Africa



Dr Abdul Mannan Baig Pakistan

rica Pakistan
PANELISTS

SPEAKER 3



Dr Leo Galland USA



Valentina Viduto, PhD UK



Dr Philip McMillan UK