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Strategies to reduce the corona pandemic  
Synergy effects between vaccination, recovery and self-regulation

#### Introduction:

The treatise on the subject of corona pandemic takes place here within the framework of the multicausal and synergetic preventive medicine founded by Grossarth and in dialectical preventive medicine, which leads to new knowledge through thesis, antithesis and synthesis. Here, Grossarth's antithesis to official and dogmatically represented theses is presented. It is not the effect of one factor that is analyzed (e.g. vaccination, smoking cigarettes), but the interaction of several factors. An example: For monocausal thinking: vaccinated or recovered. Multi-causal thinking means: vaccinated and recovered (see Table 1)

#### Theory and terms

Active immunization is achieved through vaccination (AI). Passive immunization (PI) occurs after infection through contact with infected people. Both vaccination and recovery provide only relative protection against new infections and complications. The combination of recover + vaccinated creates a high level of protection.

The isolation measures (masks, quarantine, contact barriers, etc.) protect against new infections, but they also prevent passive immunization (PI). A poor course of the disease is also caused by a lack of passive immunization. The non-vaccinated people also lose the possibility of passive immunization as a result of the isolation measures and therewith become higher risk carriers.

The simultaneous active and passive immunization (vaccination and immunization through infection) works synergistically (one factor needs the other factor to develop an optimal effect). The ideal way to reduce the pandemic is to strike a balance between admitting infections to stimulate passive immunity and vaccinations to stimulate active immunity.

#### Data base

People from an earlier prospective study (2007) and an additional five children from examined people were interviewed. Regarding recovery, a positive test was considered, with spontaneous recovery occurring after three months. Regarding vaccination, it was asked whether two vaccinations had been carried out. It was also asked whether people who had recovered received two vaccinations afterwards.

All persons were asked whether symptoms of disease had occurred after the intervention (a: double vaccination; b positive test result or vaccination after the positive test result). It was also asked whether the diseases occurred or whether the persons remained healthy during the observation period (eight months after the intervention or after the positive test result).

The first survey was carried out in 2020, the follow-up examination at the end of 2021.

#### results

Table 1 shows the results. Mortality + incidence. Heidelberg study 2020 to 2021. Half men and half women. Age 2020 between 80 and 83 years.

Active + passive immunization	Pulmonary Inflammation	Brain-blow	Pulmonary embolism	Heart-infarct	Other Diseases	not ill	Symptoms: Corona Schw. Grade 1 = easy-2 = medium-3 = difficult N =	N =
Just recovered	1 (1,4%)	1 (1,4%)	1 (1,4%)	2 (2,8%)	5 (6,9%)	62 (86,1%)	1=8; 2=6; 3=1	72
Vaccinated only	2 (2,5%)	1 (1,3%)	2 (2,5%)	0	6 (7,5%)	69 (80%)	1=9; 2=7; 3=2	80
Recover + vaccinated	1 (1,1%)	0	0	1 (1,1%)	3 (3,3%)	85 (94,4%)	1=2; 2=0; 3=0	90
All in all	4 (1,2%)	4 (1,2%)	3 (0,9%)	4 (1,2%)	22 (6,62%)	293 (88,3%)	1=19; 2=13; 3=3	242

The symptoms caused by Corona are least pronounced in people who have recovered and vaccinated at the same time. Serious acute diseases are the weakest in this group. The number of people who remained healthy is also highest in the group of people who have both recovered and vaccinated at the same time.

For the interaction of people who have been twice vaccinated against corona and the expression of self-regulation as well as with protective and risk constellations.

Well-regulated, vaccinated people develop significantly fewer chronic diseases than vaccinated people with poor self-regulation. From 2020 to 2021, 123 people with good self-regulation were vaccinated from our basic population compared to 88 people with poor self-regulation.

Table 2 shows the results between vaccination, self-regulation and mortality on the short questionnaire for measuring self-regulation (see Appendix) 0 to 4 points = poor self-regulation, 4 to 7 points = good self-regulation

variables	N =	Deceased heart attack	Deceased pulmonary embolism	Deceased stroke	Deceased pneumonia	Other Causes of death	Overall deceased
Vaccinated people with good self-regulation	123	1 (0,8%)	1 (0,8%)	1 (0,8%)	1 (0,8%)	34 (28%)	38 (31%)
Vaccinated people with poor self-regulation	88	4 (4,5%)	3 (3,4%)	5 (5,7%)	5 (5,7%)	49 (56%)	66 (75%)
Recovered + vaccinated people with good self-regulation	122	1 (0,8%)	0	1 (0,8%)	0	32 (26,2%)	34 (27,8%)

Recovered + vaccinated people with	86	2 (2,3%)	2 (2,3%)	1 (1,7%)	2 (2,3%)	37 (43%)	45 (52,3%)
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The results show:

The recovered + vaccinated persons with good self-regulation show the lowest mortality after 2 observations (27.8%)

The vaccinated persons with good self-regulation also show a low mortality after two years of observation (31%).

The highest mortality is shown by vaccinated or convalescent persons with poor self-regulation (75% and 71%, respectively).

The vaccinated people with good self-regulation have a lower mortality than the non-vaccinated people.

The infection with corona and its consequences is a multi-causal event in which the following factors are relevant: vaccination, recovery, self-regulation.

Multi-causal risk factors

- 1- Fear of the consequences of the infection
- 2- Poor self-regulation
- 3- Not admitting a fever to the infection
- 4- hypothermia
- 5- Overstrained by internal or external conditions.
- 6- exhaustion
- 7- Poor recovery
- 8- Traumatic, shocking experiences
- 9- severe chronic diseases (cancer and cardiovascular diseases)
- 10- Risk factors for serious illnesses (e.g. cigarette smoking, alcohol consumption).
- 11- Organic risk factors for severe chronic diseases (e.g. chronic obstructive bronchitis, liver cirrhosis)
- 12- Experienced powerlessness (e.g. helpless excitement)
- 13- Loss of social trust (e.g. in institutions)
- 14- personal loss of trust (e.g. after separation)
- 15- Traumatic social injustice
- 16- hypothermia of the organism (e.g. due to cold rooms, little clothing)

Protective constellations for good disease progression in the case of corona infections

- 1- Don't be afraid of corona infections
- 2- Good self-regulation (from 3.5 to 7 points)
- 3- Don't be overwhelmed
- 4- Admission of fever to infections
- 5- Keeping the organism warm
- 6- No diagnosed severe chronic illnesses
- 7- Good ability to recover (e.g. through sport, restful sleep)
- 8- No risk factors for severe chronic diseases (no smoking, no alcohol consumption)
- 9- Social integration
- 10- No organic risk factors (e.g. no diabetes mellitus, no high blood pressure)
- 11- High social position (e.g. politicians, football coaches and players)
- 12- Experienced, healing God energy (loving God's forgiveness)
- 13- High level of interactive skills to maintain health through multiple actions
- 14- Positive feelings in many areas of life (e.g. through movement, partner relationships)

15- Pleasure, well-being, security more pronounced than displeasure, discomfort and insecurity.

16- Lust-based addiction freedom

Evaluation: The protective constellation is present if it has a higher number of points than the risk constellation (and vice versa).

Table 3 shows the results of a prospective study on the relationship between risk and protective constellations in vaccinated and non-vaccinated people with regard to mortality and health into old age.

Risk and protective constellations	N =	Apoplexy cerebri Mortality + incidence	Pulmonary embolism mortality + incidence	Pulmonary inflammation mortality + Incidence	Other Basic diseases mortality + incidence	Lives healthy	Not classified (e.g. incomplete information)
Vaccinated + protective const.	47	2 (4,2%)	1 (2,1%)	2 (4,2%)	7 (14,9%)	16 (34%)	19 (40,2%)
Vaccinated + risk const.	50	3 (6%)	3 (6%)	2 (4%)	12 (24%)	2 (4%)	28 (56%)
Recovered + protective constellations	30	1 (3,3%)	0	1 (3,3%)	8 (26,6%)	7 (23,3%)	13 (43,3%)
Recovered + Risk const.	33	2 (6%)	1 (9%)	3 (9,09%)	9 (27,3%)	3 (9,09%)	15 (45,5%)
Vaccinated + recovery + protective constellations	32	0	0	1 (3,1%)	4 (12,5%)	18 (56,2%)	9 (28,1%)
Vaccinated + recovery + risk const.	38	1 (2,6%)	1 (2,6%)	2 (5,2%)	9 (23,7%)	8 (21,1%)	17 (44,7%)
All in all	230	8 (3,5%)	6 (2,6%)	11 (4,8%)	49 (21,3%)	54 (23,5%)	101 (43,9%)

The results show:

The vaccinated persons with protective constellations live healthier more often than the vaccinated persons with a risk constellation. Those who have recovered with protective constellations live longer than those who have recovered with risk constellations.

The vaccinated + convalescent with protective constellations live the longest healthy. :

Overall, the results show that 3 factors are effective for the best course of the disease in the event of a corona infection: protective factors + vaccination + recovery.

Table 4: Intense fear of infections and their effects on health over the observation period of 2 years.

Effects of fear on vaccination and infection.	Fear of infection	Independent freedom from fear
N =	88	62
Serious chronic diseases	7 (8%)	1 (1,6%)
Symptoms of disease after vaccination	8	1

	(9%)	(1,6%)
Disease symptoms after infection	9 (10%)	1 (1,6%)
No belief in spontaneous recovery	71 (80%)	2 (3,2%)
Symptoms of anxiety (Sleep disorders, stomach problems, cardiovascular system)	65 (74%)	2 (3%)
Depressions	16 (18,2%)	2 (3,2%)

The results show that the fear of infections is a significant disease factor and must be included in the analysis of the corona pandemic.

Recommendation from multi-causal research to reduce the corona pandemic:

1- Those who have recovered due to passive immunization must urgently be vaccinated after one month in order to achieve synergy effects between recovery and vaccination. A second vaccination after 6 months is recommended.

2- The vaccinated people can allow passive immunization. (e.g. by being infected by the virus).

3- All persons with negative constellations or with poor self-regulation should receive written autonomy training to improve self-regulation.

Summary:

1- The official assumptions are: The corona pandemic can only be reduced if the number of infected people is reduced through vaccinations and isolation measures (e.g. masks, distance).

Grossarth adds the following points to the official assumptions:

2- The vaccinations have a positive effect on reducing the number of infected people and those who have recovered from immunization. Positive synergy effects arise between the two effects, i.e. both effects mutually reinforce one another.

3- The isolation measures prevent passive immunization, resulting in an increase in the number of people infected. There is also an increase in the number of people to be treated. Even those who have not been vaccinated reduce their passive immunization through the prescribed measures and rules.

4- The silver bullet is: Those who have recovered should be vaccinated urgently and the vaccinated people can also be passively immunized in order to achieve synergy effects.

5- The high increase in infected people is a positive opportunity for passive immunization.

6- Passive immunization and vaccination in combination with good self-regulation reduce severe clinical complications.

7- The one-sided demand for vaccination and isolation with simultaneous neglect of passive immunization and self-regulation indicates that there is a partly self-made problem that promotes the spread of the pandemic.

8- There are synergies between recovery through passive immunization, vaccination

and self-regulation. With these. (Synergy effects), infections caused by the corona viruses are less dangerous and less often associated with dangerous clinical complications.

9- The example of the pandemic shows the contradiction between the monocausal position (which is represented by politics, virology and the public) and the multicausal concept, as represented by Grossarth and his international employees. The monocausal position is often contraindicated, while the multi-causal, synergetic approach can be problem-solving.

## Literature

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## Appendix

Test system for recording self-regulation.

Question 1. Through my behavior I regularly reach states and situations that stimulate me positively and motivate me for life.

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Question 2. I always understand how to realize my most important emotional desires and how to satisfy my most important needs.

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Question 3. When I don't feel well, I always know how to use my behavior to achieve positive situations and states that restore my well-being.

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Question 4. When a situation, a group of people or a person is not good for me, I develop different activities until I have changed the states to my satisfaction.

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Question 5. I always understand how to optimally reconcile different areas in my life (e.g. work, relaxation, private life, hobbies, nutrition, exercise, partner relationship) so that long-term well-being emerges from it.

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Question 6. When I feel threatened in a situation, I ultimately always act in such a way that I can get out of it safely.

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Question 7. I always achieve my most important goals through my behavior. 0 not at all, 1

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Question 9. If my behavior leads to failure, this is never a cause for resignation, but a reason for behavior change.

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Evaluation: 0 to 2 points = blocked self-regulation  
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About this work: It is a small preliminary study that was not supported by any institution. The work is intended to serve as a model for large-scale studies on the development of multi-causal preventive strategies.

Table 5: Infections between vaccination and recovery

	Vaccinated only	Just recovered	Recover + vaccinated	Not vaccinated + not recovered
N	123	106	123	119
Infections in 2021	4 (3,3%)	3 (2,8%)	0 (0%)	11 (9,2%)

The results show that people who initially recovered and were then vaccinated do not have any new infections. The people who have not recovered and who have not been vaccinated have the highest number of new infections.

Table 6: Randomized experiment on the interaction between recovery and vaccination from early 2020 to December 2021; the three groups are comparable in age and gender

	N	New infections	Lungs Inflammation	Lungs embolism	brain blow	Other ground Diseases	Lives Healthy
Recovered + Vaccination as an intervention	65	0	0	0	1 (1,5%)	1 (1,5%)	63 (96,9)
Just recovery	64	4 (6,3%)	2 (3,1%)	0	1 (1,6%)	2 (3,1%)	55 (85,9%)
Vaccinated only	65	5 (7,9%)	3 (5,6%)	2 (3%)	2 (3%)	2 (3%)	51 (78,5%)
All in all	194	9 (4,6%)	5 (2,6%)	2 (1%)	4 (2%)	5 (2,6%)	169 (87,1%)

The results show: If Vogt is vaccinated after recovery, the health effects are at their best. Vaccination alone shows the poor results you would have obtained with the recovery positive health effects.

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10- In this work there are very small numbers but with interesting results. Replication studies with large numbers of volunteers are essential.

Literature

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