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THE SPIKE DETOX GUIDE

What spike protein is, why it can linger in the body,
and the detox approach behind Augmented NAC.

A simplified guide from **Neil Cannon**, condensed from the ZeroSpike Project research

What Is Spike Protein?

Spike protein is the part of the SARS-CoV-2 virus that lets it latch onto and enter human cells. It works like a key: it binds to a receptor on the surface of your cells called ACE2, which is found throughout the body: in blood vessel walls, the lungs, the heart, the brain, and more.

Two versions of this protein can end up in the body, and neither one is something your body makes on its own: the version produced during infection, and a separately engineered version produced by mRNA vaccines. Both are artifacts, not a naturally occurring substance, which is part of why the body struggles to clear either of them. Research from the ZeroSpike Project (an independent research initiative studying spike protein toxicology) has found spike protein itself is engineered to be highly stable, which already makes it difficult to break down. The vaccine version goes further: it's deliberately stabilized into an even stronger structure, through the addition of molecules called prolines, making it more resistant to breakdown than the infection-produced version and allowing it to persist longer in the body. On top of that, the way these injections work means the body doesn't just receive a one-time dose: it continues manufacturing spike protein on its own for a period afterward.

This matters because whichever way spike protein gets into your system, it doesn't just pass through. In some people, it sticks around, and that's where long-running symptoms often trace back to.

“The aim was to study the toxicological characteristics of spike protein, and to find useful remedies to detoxify the body of it.”

– ZeroSpike Project

The Mechanism, In Their Own Words

From Neil Cannon's interview with Dr. Tina Peers on The Vitality Secret Podcast:

DR. TINA PEERS

"The messenger RNA is a little piece of ribbon that has got a code on it, and the code is to make the spike protein. But it's not to make the spike protein of the infection: it's to make a much stronger and slightly different spike protein that is more toxic."

NEIL CANNON

"We've never had the genetic instruction for our own cells to manufacture a pathogen."

DR. TINA PEERS

"Exactly. And these little pieces of messenger RNA travel through the body and then enter cells. With Pfizer and Moderna it's worse, because they used lipid nanoparticles to carry these pieces, designed to deliver the messenger RNA into the cell and through the blood-brain barrier. Once inside the cell, it goes to the ribosome, the cell's protein-making mechanism. The ribosome is there to keep us healthy, making the proteins every biochemical activity in our cells depends on. Then suddenly it's told: don't make those proteins, make this one, make spike protein. So we become deficient in the proteins we should be making, and instead the cell is making trillions and trillions of spike protein: a non-human, toxic, poisonous substance. It's the worst substance we've ever had in the human body."

Why It Doesn't Just Go Away

Spike protein doesn't come with a built-in "off switch." Clearing it depends on the individual immune system doing its job efficiently, and research shows that doesn't always happen. In a meaningful number of cases, spike protein has been found to persist in tissue and circulation far longer than expected, and while it's there, it keeps doing the same job it was built to do: binding to receptors, triggering inflammation, and disrupting the systems it touches.

Three mechanisms researchers point to:

- **Blood vessel (endothelial) stress.** Studies show spike protein alone can impair the lining of blood vessels, disrupt the barrier that keeps them healthy, and contribute to abnormal clotting patterns.
- **Mast cell activation.** Spike protein can trigger mast cells, immune cells that release histamine and inflammatory signals, to fire more than they should. This is one reason symptoms can look like allergy, IBS, fatigue, or skin flare-ups that don't respond to normal treatment.
- **Immune system confusion (molecular mimicry).** Small sections of spike protein closely resemble sequences found in the body's own proteins. In some people, this can confuse the immune system into reacting against its own tissue: a proposed driver behind some autoimmune-pattern symptoms.

None of this means everyone reacts the same way. It means that for people with persistent, unexplained symptoms, spike protein is a mechanism worth ruling in or out, not a foregone conclusion.

What This Can Look Like Day to Day

Because spike protein can affect the vascular, immune, and nervous systems at the same time, the symptoms it's linked to rarely show up as one clean diagnosis. In clinical experience and the research base, common patterns include:

- Fatigue that doesn't lift with rest
- Brain fog and concentration issues
- Unexplained inflammation or joint pain
- Tremor, tingling, or other neurological symptoms
- Skin reactions and histamine-type symptoms
- Anxiety or nervous system dysregulation that feels physical, not just mental
- Any label of symptom of chronic inflammation: skin conditions, autoimmune disease, cardiovascular issues, even cancer. Spike protein drives systemic inflammatory markers up, and chronic inflammation is the underlying mechanism behind most chronic health conditions, whatever label they're given.

The Scale of What's Being Reported

The patterns above aren't isolated. VAERS (the Vaccine Adverse Event Reporting System) is the US government's early-warning system for vaccine safety signals, run jointly by the CDC and FDA. As of May 29, 2026, it holds 1,676,669 reports tied to COVID-19 vaccination, compiled and published by OpenVAERS.com. A selection:

39,166 DEATHS	**222,741** HOSPITALIZATIONS	**74,762** PERMANENTLY DISABLED
29,232 MYOCARDITIS / PERICARDITIS	**22,533** HEART ATTACKS	**18,025** BELL'S PALSY
47,695 SEVERE ALLERGIC REACTION	**41,729** LIFE THREATENING	**11,008** ANAPHYLAXIS
9,491 THROMBOCYTOPENIA / LOW PLATELET	**16,468** SHINGLES	**5,220** MISCARRIAGES

Worth noting: VAERS is a passive system, someone has to actively file a report for an event to show up in it. A Harvard Pilgrim Health Care study, funded by the Agency for Healthcare Research and Quality, found that under 1% of vaccine adverse events are typically captured this way. The researchers built an active-surveillance system of their own, ESP-VAERS, specifically to catch what passive reporting misses. The number above is very likely a floor, not a ceiling.

The Detox Approach: Augmented NAC

The ZeroSpike Project's research wasn't only about identifying the problem; it was aimed at finding a way to clear it. That search led to Augmented NAC: a restructured form of N-Acetylcysteine (NAC), a compound the body already uses to build glutathione, its primary detoxifier.

Standard NAC has some effect on spike protein, but it's limited. Augmented NAC is the same molecule, restructured at the subatomic level through a process called electron excitation: a bound electron absorbs a discrete amount of energy and jumps from a lower energy state to a higher one. The result is what's known as Electron-Excited NAC, dramatically more effective at breaking spike protein down structurally, not just managing symptoms around it.

	Standard NAC	Augmented NAC
Spike protein denaturation	~12%	Up to 99%
Glutathione protection	Baseline	40x higher
Vitamin C protection from oxidation	Baseline	7x higher

*In-vitro laboratory test results. Individual outcomes vary.



You can buy it here:

Augmented NAC, use “vitalitycode” for 10% off (single purchase, for a bulk purchase it's already discounted)

store.augmentednac.com/ref/8

Blood Tests Worth Knowing About

If you'd rather track this in your own body than guess, these are the markers worth asking your doctor or practitioner about. None of them are exotic, most labs can run them, and together they build a picture of inflammation, clotting risk, and cardiac strain, useful both before starting a detox and to track progress along the way.

Core Panel – Any Lab, Anywhere

- **hs-Troponin (I or T).** Detects heart muscle injury; used to flag myocarditis and pericarditis.
- **NT-proBNP.** A marker of heart strain and early heart failure.
- **D-dimer.** Flags abnormal clotting and microclots.
- **Fibrinogen.** Elevated levels point to ongoing clotting and inflammatory activity.
- **hs-CRP (high-sensitivity C-reactive protein).** The core systemic inflammation marker, and the one worth establishing as a baseline before anything else.
- **ESR (erythrocyte sedimentation rate).** A broader, less specific inflammation marker, useful alongside CRP.
- **CBC with differential.** Flags changes in white cells, red cells, and platelets.
- **Ferritin.** Can rise with ongoing inflammation.
- **Liver and kidney function panels.** Confirm your detox organs are keeping up with the load.
- **Autoantibody panel (ANA and related).** Worth adding if autoimmune activity is suspected.

Beyond the core panel, these are more specific spike-protein and injury markers, split by where you're based. Most available tests detect the antibodies your immune system built in response to spike protein rather than the protein itself, but that's still genuinely useful: it tells you whether exposure happened, and the right combination can tell you whether it came from infection or from the injection. Two newer tests go further and attempt to detect spike protein, or its breakdown products, directly: urine spike tracing in the US and an antigen test out of the UK. Each one links to the lab, provider, or research it's drawn from, so you can verify it yourself before you order anything.

US – Urine Spike Tracing (UST)

For US-based readers, this is the most direct option on the list. Urine Spike Tracing (UST) is a research project of the ZeroSpike team designed to measure spike protein fragments excreted in the urine. It can be used in two ways: to help determine whether spike protein is present in the body, and to monitor detoxification over time while taking Augmented NAC. The idea is that Augmented NAC helps detach spike protein and break it down, and the resulting fragments are then cleared through the urine, where UST detects them. If none are present, little or nothing would be expected to show up after a week of Augmented NAC.

- **Register** (free) for the UST research project at zerospike.org/registration-ust. Available in the US only.

- **Order the urine collection kit** from the QFTox laboratory: Urine Analysis with Creatinine (currently $99). The creatinine measurement adjusts for how diluted or concentrated your urine is, so results can be compared fairly over time. The kit comes with a prepaid return label.
- **Timing.** Take 3 capsules of Augmented NAC daily for at least 7 consecutive days before collecting your sample. To see the effect of Augmented NAC itself, some people test once before starting and again after the week. After that, repeating UST every few months lets you track your spike score over time.
- **Reading your results.** Your lab report arrives by email within about 10 working days, with an anonymous Patient ID. UST reports are reviewed by health professionals in the ZeroSpike Health Network. If you don't have one, email info@zerospike.org and they can connect you with a doctor in the network to go through it with you for a nominal fee. More detail in the UST FAQ.

UST is a research tool and its use remains experimental, but it's the closest practical way currently available to look for spike protein breakdown products directly.

US – Spike Protein & Injury Markers

- **Anti-Spike IgG Antibody (quantitative, not qualitative)** – LabCorp, Roche-Elecsys platform. Make sure it's ordered as the quantitative version: the actual U/mL number is the useful part, not just a positive/negative result. A low, settled level suggests the immune response has calmed down; a persistently high or rising level suggests the immune system is still being actively stimulated, which is read as evidence spike protein is likely still present and driving it. Ask your practitioner to help interpret the trend over repeat testing.
- **Anti-Nucleocapsid Antibody** – ordered alongside the spike antibody through the same labs (LabCorp/Quest). Vaccines only encode spike protein, not nucleocapsid, so this pairing is the most practical way to tell infection-driven exposure apart from injection-only exposure: positive for both means infection, spike-only with no nucleocapsid points to the injection.
- **Galectin-3, Troponin, BNP, D-dimer combo** – referenced in Circulating Spike Protein Detected in Post-COVID-19 mRNA Vaccine Myocarditis (Circulation/AHA) and Spike Protein Antibody Testing & Detox Guide.
- **Complement Activation Panel (C3a, C4a)** – used in Incelldx/Bruce Patterson long-COVID protocols; background via Functional Medicine for Long COVID: Evidence-Based Protocol Guide.
- **Fibrinaloid Microclot Test** – Resia Pretorius's research: Increased fibrinaloid microclot counts in platelet-poor plasma are associated with Long COVID (medRxiv) and A Perspective on How Fibrinaloid Microclots and Platelet Pathology May be Applied in Clinical Investigations (PubMed).
- **Neurofilament Light Chain (NfL)** – a blood marker of nerve cell strain, worth asking about if neurological symptoms are part of your picture.

UK – Spike Protein & Injury Markers

- **Spike Protein Antibody Test** – Home Diagnostics UK. £59.95 + £4.95 postage.

- **CoAST – Long Covid Antibody Test** – Attomarker.
- **Spike Protein Test (research-stage)** – Attomarker. Unlike the antibody tests above, this one is designed to detect spike protein antigen itself, and aims to distinguish the monomer form (from infection) against the trimer form (from the injection). Early-stage and not yet validated at scale, but it's the closest thing on this list to direct detection rather than an antibody proxy.
- **Attomarker background/validation** – Attomarker's Triple Antibody Test authorised by the MHRA following trial results at St Thomas' London.
- **Inflammation & Clotting Panel** – Medichecks / Randox Health for D-dimer, CRP, ferritin, troponin.

The Anti-Spike / Anti-Nucleocapsid pairing is the most practical way available right now to tell whether exposure came from infection or from the injection. And when the spike antibody is run as a quantitative test and tracked over time, the level itself becomes a working signal, not just a yes/no: a high or rising titer is read as evidence the immune system is still responding to something, which points to spike protein likely still being present. Attomarker's research-stage antigen test goes a step further and attempts to detect spike protein itself directly, infection-type versus injection-type. The injury markers (Galectin-3, Troponin, BNP, D-dimer, complement, microclot, and NfL testing) track inflammation, clotting, and tissue strain that researchers associate with ongoing spike protein activity: a supporting signal alongside the antibody picture, not a replacement for it. Taken together, this is the most useful picture currently available, and worth working through with a practitioner.

What to Expect During Detox

Detoxing spike protein means clearing something your body has been carrying, and that process can be felt. This isn't regression, and it isn't a reason to stop. It's the body doing its job.

Some people notice, temporarily:

- Flare-ups of existing symptoms
- Skin reactions
- Fatigue or headaches

What helps support the process:

- Staying well hydrated throughout
- Supporting detox pathways with binders and key nutrients where appropriate
- Rebuilding with glutathione and vitamin C support as levels are restored
- Giving the body time: this is a process, not a single dose

Safety & Sensitivity

NAC has one of the strongest safety profiles of any compound used in this space. There are no real contraindications outside two groups: people who are highly sensitive to sulfur, and people on strong blood-thinning medication, who should check with their prescriber before starting. Beyond spike detox, it's also one of the most well-studied, safest molecules available, with a wide range of benefits that extend well past this particular use case.

If you're in the sulfur-sensitive or generally highly sensitive group, doctors within the ZeroSpike network have developed a gradual starting protocol built to improve tolerance and minimize the risk of initial detox reactions, which are rare to begin with. A practitioner can walk you through this personally: reach out to info@zerospike.org to get connected with a doctor from their network for a consultation.

Ready to Explore the Protocol?

This guide is the mechanism. Augmented NAC is the application: the same restructured NAC referenced throughout this research, available to order directly.

You can buy it here:

Augmented NAC, use “vitalitycode” for 10% off (single purchase, for a bulk purchase it's already discounted)

store.augmentednac.com/ref/8

Full interview with Dr. Tina Peers:

vitalitysecret.com/dr-tina-peers-spike-protein

This guide is for educational purposes and reflects independent ZeroSpike Project research. It is not medical advice and does not replace guidance from your own healthcare practitioner.

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