Luminec Health and Wellness Clinics
Patient Case Review
June 20, 2020

Patient: VED
Conditions: COVID-19
Treating Doctor: Dr. Susana Alcázar-Leyva

This 42-year-old female patient had no relevant history for the current condition, which began on April 26 with sinusitis and a headache. Two days later, she developed fever, and on the third day, chest tightness and dyspnea. She went to the hospital, tested negative for COVID-19, and began the treatment indicated for her symptoms.

Despite the treatment, the patient continued to have all the symptoms, with oxygenation below 90. She went to a private pulmonologist, who told her she had COVID-19, and who prescribed other medications, including Vitamin D3, Vitamin C, Fish Oil, Levofloxacin, Tamiflu, Relvare, Actron 600, Omeprazole, Azithromycin, Ibuprofen, Salbutamol, Pulmicort, Oseltamivir, Paracetamol, Macrozit, Tylex, and Sterimar.

On May 10, a chest radiograph was performed, showing faint consolidations in the upper part of both lungs – more pronounced in the middle and lower parts.

On May 15, she communicated with me by phone to tell me about her great difficulty breathing and coughing, so I prescribed 3 ml of X-2 together with 3 ml of intramuscular CRO-50 twice a day, and a venoclysis X-2 every day until better; and intranasal and throat CRO-50 applications.

When she began the intravenous treatment, she told me that after one hour her breathing improved 40%. (She was also administered her first intramuscular injection.)

On May 16, she reported that she expelled from her nose a great deal of phlegm, mucus, and blood; this removed 50% of the obstruction that prevented her from breathing through her nose. Her ability to take deep breaths continued to improve.

On May 17, she said that she sometimes felt “strange” – tired, with occasional pressure on the lungs, along with internal heat – but sometimes she felt very well. Specifically, from 12:00 to 2:00 pm she felt completely normal.

By email, she sent me a note indicating that she was completely clear. She was taking Azithromycin (1 a day), Relvare Inhaler, and Ibuprofen; I told her to stop taking them.

She was not hungry, but she took meals anyway, sending me a log of what she ate. She no longer drained mucus or phlegm, and she no longer had a cough.

I communicated with her by phone, and her voice was strong and without anxiety. Even after lengthy conversations, she did not get tired.

On May 19, she told me that she had improved 60%, and that she had been more active.

On May 21, she told me that she was taking the Combivent and that she felt strange and had a headache, I told her to suspend taking it.

On June 13, a chest radiograph showed a decrease in the consolidations; they were more subdued compared to the previous radiograph. She commented that she was better in general; I could hear her very clearly on the phone; she was asymptomatic and had much more energy.

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Patient: RMBS
Conditions: COVID-19
Treating Doctor: Dr. Susana Alcázar-Leyva

A 64-year-old male patient is a Type 2 diabetic with ankylosing spondylitis, for which he underwent four microsurgeries in the lumbar spine.

In March, he was diagnosed with COVID-19, presenting with breathing difficulty – an oxygen saturation of 90 and glucose of 160 mg / dL. Because his daughter sent us an incomplete questionnaire, we did not know what medications she had been taking.

On April 22, he began the application of 3 ml of X-2 together with 3 ml of CRO-50 (intramuscular) daily for one month, and applications of intranasal and throat CRO-50.

His daughter reported after 15 days that her father was improving “little by little,” but on May 7, she reported that there was a clear improvement.

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Patient: RABE
Conditions: COVID-19
Treating Doctor: Dr. Susana Alcázar-Leyva

A 36-year-old male patient was diagnosed with COVID-19 on March 20; he was hospitalized until April 3. The treatment he received included Clexene, Dexivan, Zyvoxam, Invaz, V Fend, Lasilacton, Meticorten (50 mgs), Sinuberase, OFEV, Combivent and Pulmicort in nebulization, Combivent Respimat inhaled, Tylex, pneumatic vest, Nasal tip oxygen (3 liters per minute) with Face Tend 100% with 84.

The patient began my treatment on April 10, for the symptoms of severe exhaustion, severe weakness, dyspnea, myalgia and dry cough. He was prescribed 3 ml of X-2 together with 3 ml of CRO-50, daily for one month, and applications of intranasal and throat CRO-50.

After 15 days, he reported improvement, and on May 7, he reported “clear improvement.”

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Patient: PMDMC
Conditions: COVID-19
Treating Doctor: Dr. Susana Alcázar-Leyva

A 49-year-old female patient, living in Miami, FL, had no relevant history for her current condition.

On May 13, she was diagnosed with COVID-19, with the presence of IgM antibodies in her blood. The patient was asymptomatic, so she was quarantined.

We only had one bottle each of X-2 and CRO-50 in Miami, so we decided to keep them in reserve in case she became symptomatic.

On May 14, she had 100% oxygen saturation.

As the only preventive treatment, she began a course of Ascorbic acid (one gram every 12 hours), vitamin D, zinc, and selenium.

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Patient: MSC
Conditions: COVID-19
Treating Doctor: Dr. Susana Alcázar-Leyva

A 68-year-old female patient tested positive for COVID-19 in February 2020. Her treatment consisted of Meticortén (20 mg), Dexivan, Pulmicort, Tylex, Sinuberase, use of a hammer vest, vitamin C and D.

On April 11, the patient presented with generalized arthralgias, fatigue, excessive fatigue, hyporexia (loss of appetite), dry skin, gastritis and weight loss. She was prescribed 3 ml of X-2 together with 3 ml of CRO-50 intramuscular daily for one month, and applications of intranasal and throat CRO-50.

At 15 days she reported improvement, and on May 7, she reported clear improvement.

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Patient: MMMM
Conditions: Respiratory Issues
Treating Doctor: Dr. Susana Alcázar-Leyva

A 76-year-old female patient has a history of Influenza 2018, and two occasions of Pneumonia; she has a pacemaker and a thyroid nodule.

In March, she sent me an email describing symptoms of dyspnea, nasal obstruction, chest pain, arrhythmia, cramps, digestive disorders, myalgias and arthralgias generalized, and insomnia. I prescribed 3 ml of X-2 along with 3 ml of Intramuscular CRO-50 daily for two weeks, every other day for two weeks, and three times a week until improved; and CRO-50 intranasal and throat spray three times per day.

The patient reported on May 9 that her airways were better, and that she no longer had other symptoms.

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Patient:	MFDR
Conditions:	Respiratory problems, headaches, exhaustion
Treating Doctor:	Dr. Susana Alcázar-Leyva

On April 8, 2020, a 43-year-old female patient presented with odynophagia (painful swallowing), headache, myalgias and severe exhaustion. A test for COVID-19 was negative. The patient received a treatment based on antibiotics and bronchodilators, without result.

On May 1, she presented with an excessive dry cough, which lasted 12 hours, as well as generalized muscular pains and chest pain.

On May 7, she began our treatment with the application of 3 ml of X-2 together with 3 ml of CRO-50, twice a day, locally in the throat and nostrils; CRO-50 was also applied by aerosol.

On May 15, the patient reported great improvement – asymptomatic, except for a sporadic cough and fatigue.

On May 31, she reported that she was doing very well; she experienced only occasional fatigue, and occasional pain when breathing deeply. The X-2/CRO-50 treatment continued to be applied twice a week. She was also instructed to do a chest x-ray and spirometry.

On June 8, thorax radiography was performed; it was normal. The spirometry could not be performed due to quarantine. Laboratory studies were generally good and IgG anti SARS-CoV-2 antibodies were normal. Currently she is asymptomatic, full of energy, and leading a normal life.

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Patient: LGDR
Conditions: COVID-19
Treating Doctor: Dr. Susana Alcázar-Leyva

A 71-year-old male patient presented with symptoms of COVID-19, including fever, headache, and dyspnea, according to his sister, who is my patient. We treated him with 3 ml of X-2, along with 3 ml of CRO-50 intramuscular twice a day.

He later reported that he showed improvement from the first injection. He was instructed to apply X-2 intravenously immediately, but his doctors decided not to do that, taking him to a hospital instead, and they were going to try to apply the treatment there.

But they ended up not starting the treatment because they could not get his relatives to agree to proceed. At that point, the patient was voluntarily discharged; he died the next day.

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Patient:	JGCS
Conditions:	Diabetes, heart, neuropathy, lung, hypertension
Treating Doctor:	Dr. Susana Alcázar-Leyva

A 67-year-old male patient has the following diagnoses: Type 2 Diabetes with polyneuropathy, hypertension, and moderate arterial insufficiency due to atheroma in the right lower limb. He has been consulting me once or twice a year since August 2014 and was undergoing sporadic treatments.

In February 2020, he presented with Bronchitis that started with the flu, fever, phlegm (he tested negative for influenza), so he was prescribed Clindamycin and other antibiotics, and nebulization, but the coughing fits did not diminish and he started to have dyspnea and precordial pain.

I treated him with 3 ml of X-2 together with 3 ml of CRO-50, and CRO-50 with an atomizer, which was applied in the nostrils and pharynx several times a day. He was instructed to have an EKG and go to a Cardiologist; the diagnosis: Ischemic heart disease with thrombus attached to the apex endocardium, significant pulmonary hypertension, mild global pericardial effusion, and bilateral pleural effusion. The patient continued with his medications for diabetes, hypertension, and heart disease without stopping the injections of X-2 and CRO-50.

After five days, the cardiologist told him that he had a 10% improvement in terms of his cardiovascular problem, and his respiratory symptoms had disappeared. Now he is asymptomatic and feels well.

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Patient: Christine Munro
Condition: Stage 4 Malignant Melanoma
Treating Doctor: Dr. Susana Alcázar-Leyva

Christine was diagnosed with Stage IV Malignant Melanoma. She started my treatment, X-2 and DNSM, in September 2016, after undergoing her third Keytruda (pembrolizumab, a monoclonal antibody that acts on PD-1) treatment. She subsequently discontinued that therapy due to the side effects.

After starting my therapy, she immediately improved clinically. She was also taking Cannabis and natural treatments. In December 2016, she was given five radiation sessions.

On January 24, 2017, her attending physician reported tumor reduction. In an article in her local newspaper, the *News-Sun*, Christine said,

> I just went in and [one of her doctors] said, 'I've got some good news; we can't see it on the scan. It has gone.'
>
> I was on end of life care. I have the letters to prove it. To be told they can no longer see it is just a dream come true. The doctors asked what I was doing. They were amazed, too.

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Patient: AMBE
Conditions: COVID-19
Treating Doctor: Dr. Susana Alcázar-Leyva

A 40-year-old female patient presents with dyspnea with chest pain, headache, exhaustion and anxiety. The pulmonologist prescribes her bronchodilators and diagnoses her with Bronchial Asthma, but the pulmonologist then concludes that the patient has COVID-19 because she has the symptoms.

A chest x-ray was performed on April 12; it was normal.

That same day, the patient contacted me by phone describing her symptoms, so I prescribed 3 ml of X-2 together with 3 ml of CRO-50, daily for one month, and applications of intranasal and throat CRO-50.

After 15 days, she reported improvement; on May 7, she reported “clear improvement.”

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Patient: AM
Conditions: COVID-19
Treating Doctor: Dr. Susana Alcázar-Leyva

A male patient, the brother of my colleague Dr. Sandro Mandolesi, was hospitalized for pneumonia (COVID-19) in Rome. After some shipping delays, a package containing X-2 and CRO-50 arrived at the hospital. I was told they would be applied if the hospital doctors approved it.

The patient was denied the treatment and died of bleeding.

Going forward, Dr. Mandolesi will apply X-2 and CRO-50 on a trial basis whenever indicated and possible, but he has permission from the hospital only to do so when the patient has no other recourse.