



# Use of Polio Vaccine Salk vs SARS-CoV-2E and HIV-1E 2, both as Therapeutic Drug and Effective Vaccine to Make Memory-Cells Able to Stop Reinfections

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## LETTER TO EDITOR

Dr. Ansovini began studying viruses by focusing his attention on HIV-1. The main discovery he made is that this virus, so difficult to treat, can be classified as “electrical”: one of its functional proteins, i.e. “p. 24”, actually has an electrical value, in other words it has a charge, and therefore it is not allosterically neutral as proteins usually are. After having developed its antiviral technology which is, at the moment, the only one capable of blocking all viruses, (See article: “Determination or fan antiviral activity of a composition comprising Glutathione Reductase (GSSG-r) and Oxidized Glutathione (GSSG) for pharmaceutical use: Experiments “*In vitro* “ and “*In vivo*”), including polio (A virus that can only be blocked by the vaccine because no drug has any action against it), Dr. Ansovini comprehends that poliovirus also has an “electrical characteristic”, not in its specific core proteins, but rather on the envelope.

That said, in addition to HIV-1-2 and the poliovirus, the current cause of the SARS-CoV-2 pandemic is again an “electrical” virus, since its functional Spike protein can turn the ferrous ion in the body into a ferric ion (As Dr. Ansovini already illustrated in his work “Metahemoglobin in AIDS” at the Copenhagen Congress in 1994, in which he emphasises that HIV-1-2 transforms part of the ferrous ion of haemoglobin into ferric ion, producing a metahemoglobinemia between 1.6% and 2.8%) This suggests that both HIV-1-2 and SARS-CoV-2 affect the blood and particularly the red blood cell, as many scientific publications on SARS-Cov-2 are now confirming.

Sharing an intuition of Dr. Robert Gallo (Famous HIV-1-2 scholar, who favours the Sabin vaccine but does not recognise viruses as “electric”) Dr. Ansovini argues that injecting the Salk vaccine will result in the production of antibodies against the three types of polio virus that the vaccine contains; also, the additional characteristic of these antibodies will be that they will have an electric charge. The charge of these antibodies will counteract and eliminate that of the Spike protein. There are therefore no specific antibodies against SARS-CoV-2, but there will only be a counter-charge that will eliminate each other, depowering the carrier viruses in the process.

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So in case of illness, administering the Salk vaccine will have two effects:

- Elimination of the most critical medical complications by resetting Spike's electrical charge
- A resulting build-up of defence memory cells against SARS-CoV-2, which does not usually occur in former SARS-Cov-2 patients.

In case of preventive polio vaccination, the antibodies will trigger the formation of memory cells against electrical

viruses in general, including those against SARS-CoV-2 and HIV-1-2; they have a charge that will revitalise those memory cells that produce antibodies that will counteract them, cancelling their charges and weakening SARS-CoV-2 and HIV-1-2 that will lose their ability to damage the system and become trivial infections, as sometimes happens in SARS-CoV-2 in asymptomatic and paucisymptomatic patients. The Salk vaccine should be administered once a month for 5 months. Dr. Ansovini was injected with a booster dose of the Salk vaccine at the hospital in San Severino Marche, central Italy on 05 October 2020.

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