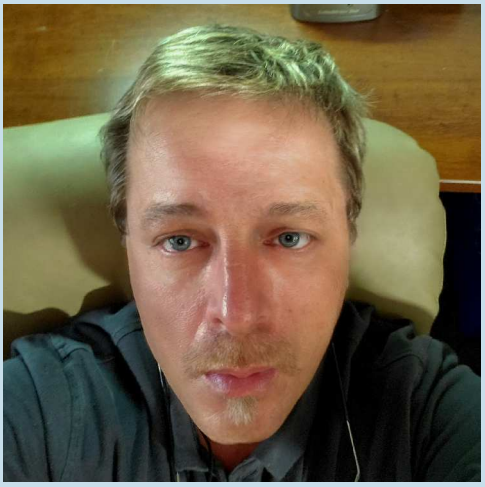
The Biphasic Dose-Response Treatment of Myocarditis and Pericarditis



Tim Goyetche is an accredited Naturopath, and the founder of the Goyetche Institute. Additional accreditations include, Biochemistry, Orthomolecular Medicine, Classical Homeopathy, Kinesiology, Master Herbalist, Clinical Nutrition, Psychology, Cognitive Behavioral Therapy, Advanced Cognitive Behavioral Therapy, Mindfulness-based Stress Reduction, Mindfulness-based Stress Reduction for Children and Tim is also a Certified Meditation Teacher.
His passion however is epigenetics.

Part 1
Understanding the Science

ORIGINS OF THE SCIENCE

This all begins at the ***International Dose-Response Society,** which is headquartered at the Department of Public Health, University of Massachusetts, Amherst campus. This is where they test different substances to identify the different physiological responses that occur within the human body at different doses. This is also known as **Hormetic Effect** or **Hormesis**, which is **the scientific study of biphasic dose-response**.

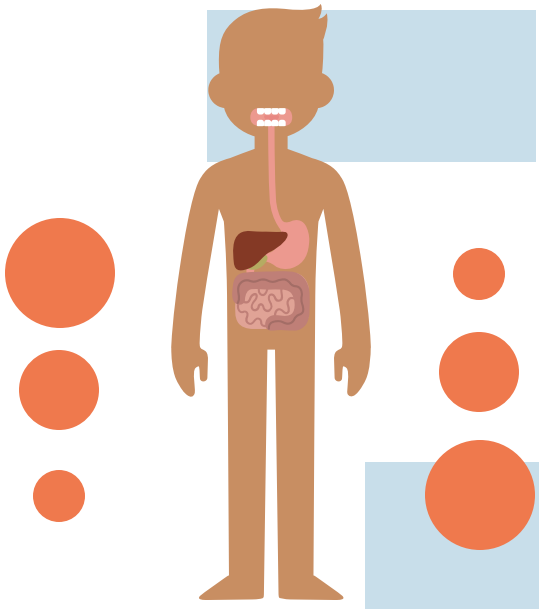
In the study of dose-response, they identified consistently, that almost every drug or substance will provoke a **different physiological response at ultralow, low, medium, high and ultrahigh doses**.

It is these **exact same principles** that regulate function and action of biological extracts of healthy organs, glands, and body tissues. Such as is seen in the pharmaceutical, Armour Thyroid.

**Reference: https://dose-response.org/*

UNDERSTANDING BIPHASIC DOSE-RESPONSE

Biphasic dose-response is best understood when we talk about the knowledge that excessive exposure to radiation has been proven to cause cancer, while somewhat recent studies identify that ultra low doses of radiation, appear to be able kill cancer cells.



This is also why you will find at that many substances listed on the World Health Organization's, IARC list of Group 1 carcinogens, are also cancer drugs. Those same things that cause cancer, kill cancer at lower doses or exposures.

Arsenic is classified as a group 1 carcinogen, yet arsenic trioxide is one of the most promising new cancer therapies. Stop and think about that for a moment!

Part 2
ISSUE SPECIFIC DOSING

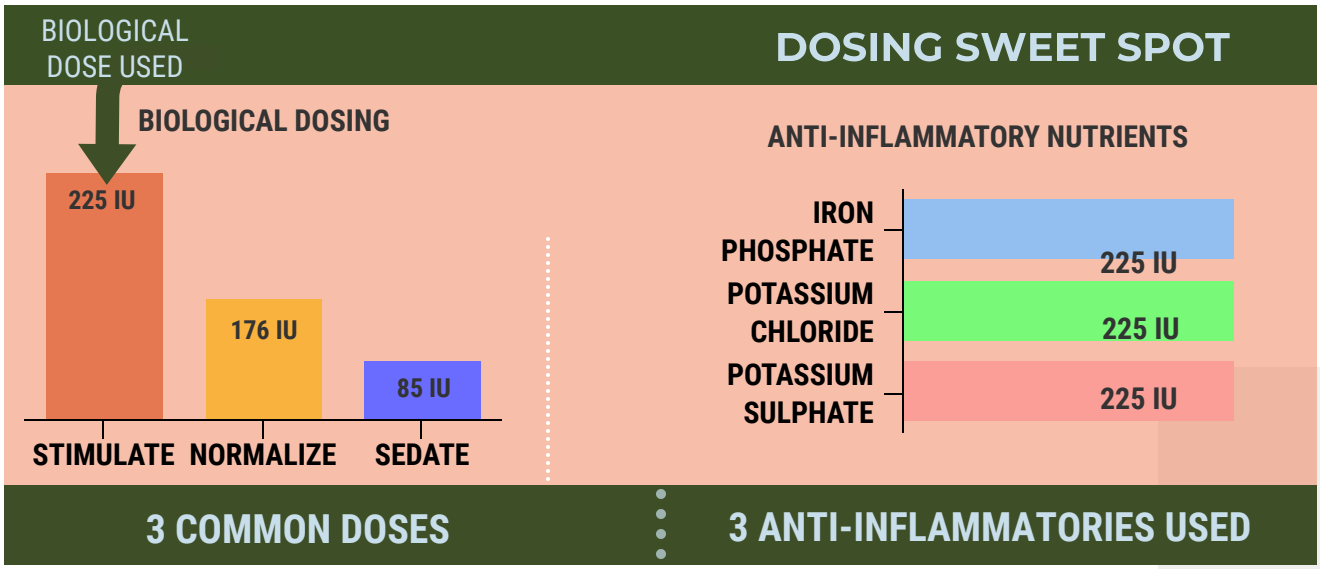
TREATMENT SPECIFIC DOSING

Throughout my 30 years of clinical practice, I have extensively studied dose response, and have identified doses that provoke varied physiological responses which stimulate, normalize or sedate the same organs, glands, hormones or other body chemicals in which the biological extracts are made from.

I not only use this in the biological dosing, but also in the nutritional anti-inflammatory dosing, as a means of optimizing nutrient uptake as opposed to supplementing those nutrients, as shown in the graphics below.

The complete protocol includes biological extracts of the pericardium or myocardium, as medically identified, support for our inflammation fighters, and lastly a combination of **biological extracts of DNA, RNA, mRNA tRNA, thymidine etc., which are used to shut off any artificial or corrupted gene expression.**

Before anybody says that is not possible without reverse transcriptase, I beg to differ. The NIH and Tevard Biosciences, have proven that is not true. As mRNA and tRNA can be modified to alter the human genome.



Part 3
TREATMENT METHOD SUCCESSES

SUCCESSES USING THIS TREATMENT METHOD

As stated earlier, I have been using this method of treatment for little over 3 decades but more so over the last decade, following a nonregistered clinical trial on biologicals of healthy human DNA and RNA being used in **canine tumor based cancers**. Where 100% of the 289 dogs in the trial had no progression of their cancers after 3 years.

Using the same method of treatment, I have successfully brought a **clinically dead kidney** back to life. Scheduled to be removed and within 4 weeks, the kidney was functioning properly again. It has been **12 years and the kidney is still healthy and full functioning**.

In another case, I originally began with extracts of healthy **DNA, RNA, mRNA, tRNA, thymidine, Adenosine 5'-triphosphate, adenosine triphosphate, Adenosine monophosphate, dipeptidyl-peptidase 4, and Nicotinamide adenine dinucleotide**, and with this combination of extracts, we were able to **delete the Huntington's disease mutation** (HNT1) in a 12-year-old boy. Following the deletion of the genetic mutation that caused Huntington's disease, we were able to then take an extract of the **basal ganglia** from the human brain, and using the exact same methodology, rebuilt it from a necrotic state.

This is just a few examples from the top of my head, but it is what why I instantly went to this type of treatment when the cases of **myocarditis** and **pericarditis** started rolling in. Because it had proven itself to me to be able to rebuild damaged and even necrotic, glands or organs.

It was really no surprise to me that the first few patients were reporting back almost miraculous recoveries within 2 to 3 weeks of treatment which were confirmed by their treating cardiologists, by way of echocardiogram or MRI.

And seemingly, because the injured people seem to gather for some form of support, case after case began flowing in.

I currently sit at **77 patients with myocarditis or pericarditis**, with 78th scheduled for their first visit at the end of February. Of those, **59 are now recovered according to the definition of recovery outlined by their treating cardiologists**, which include normalization of troponin levels, relief of physical symptomology, and identifiable recovery through scans.

16 of the remaining 18, are still under treatment, and waiting for follow-up labs. The 2 others, are new patients that have had debilitating myocarditis or pericarditis in excess of one year without treatment. I expect that these patients are going to take longer than those who I was able to begin to treat within 3 months.

SEEKING TREATMENT AND PHYSICIAN SUPPORT

Because the Goyetche Institute and myself, Tim Goyetche, are in the process of building a virtual online hospital, treatment and physician support is tentatively **expected within 2 weeks, as of the time of writing**.

For those seeking treatment, there will be a requirement of **proof of diagnosis**, and you will also be required to **provide photo identification** and **complete an online form, giving me and my team consent to treat**, which is **required by Health Canada** for anything that I do online. I am required to prove that I have a legal patient/practitioner relationship.

These will not be optional, because I am required according to Health Canada guidelines and their demands, as laid out in a previous Health Canada Audit.

Pricing has yet to be determined for consultations, but I do have to pay my team, for the lights, the production facilities, etc. However, the initial thought is that it will be less than one third of my regular **consultation fee, which means about $100 Canadian, or $60-$65 US**, depending on a daily currency exchange rates. While the actual **formulas are $51 Canadian, which is about $37 US**.

An **announcement will be made** on Twitter, Facebook, Substack, which I do not use that much, and maybe Instagram, **as soon the virtual hospital is live**.