POIS SYNDROME

Why your body collapses after ejaculation

(and what medicine isn't telling you)

Brain fog. Crushing fatigue. Flu-like symptoms.
POIS is real, documented, and protocols exist.

DISCLAIMER

Read this first

This book is not medical advice and does not replace a consultation with a healthcare professional. It gathers a documented analysis of what is known, debated and hypothesized about POIS syndrome, along with general principles of healthy living.

No protocol described here constitutes a promise of cure. POIS currently has no treatment validated by large-scale clinical trials. Any decision concerning your health, treatments or tests must be made with a physician.

Throughout this book I hold a strict distinction: what has been **observed in humans** and what belongs to **animal studies or theoretical mechanisms**. You deserve this honesty. Anyone selling you certainties about an orphan disease is lying to you.

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Introduction — You are not going crazy

If you are reading these lines, you have most likely lived through it.

In the minutes or hours following an ejaculation, your body turns against you. A mental fog descends and cuts you off from the world. A fatigue that has nothing to do with simple sleepiness pins you down. Your eyes burn. Your muscles ache. You become irritable, on edge. Flu-like symptoms set in and last two, three, sometimes seven days.

You may have mentioned it to a doctor. You were told it was psychological. You may have been smiled at. You may have been advised to “think about it less.”

So you went silent. And you began to organize your entire life around a secret. You learned to anticipate the collapse, to lie about your condition, to decline invitations, to sabotage your sex life and your relationship to avoid the crash. You ended up wondering whether you were, deep down, *going crazy*.

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So let's be clear, from the very first page.

You are not crazy. You are not weak. You are not alone. And what you are living through has a name: **Post-Orgasmic Illness Syndrome**, or **POIS**. It has been described in the medical literature since 2002. It is recognized as a rare disease. And it silently destroys the lives of thousands of men.

It is an invisible disability. No one sees it. Most doctors have never heard of it. And you endure it alone.

This book has one objective, and one only: to hand you back control. You will not walk away with a miracle cure — it does not exist, and I respect you too much to sell it to you. You will walk away with something more solid: a precise understanding of what is happening in your body, and a method to regain control of the terrain on which your crises are triggered.

Your body is not your enemy. It is a dysregulated system. And a system can be **reformatted**.

PART I

The reality, unfiltered

Before regaining control, you must face the truth. Without indulgence and without catastrophizing. Just the facts.

1. Anatomy of a collapse

Precision is exactly what is cruelly missing on this subject. So let's be precise.

POIS manifests as a cluster of symptoms that appear within minutes or hours after ejaculation — whether through intercourse, masturbation or nocturnal emission — and generally last two to seven days. This is not an ordinary post-coital dip in energy. It is a systemic shift.

The main families of symptoms

Every affected man has his own signature. But the symptoms reported in the literature and in patient communities cluster into recurring families:

- Cognitive impairment: brain fog, concentration difficulties, working-memory problems, slowed thinking, trouble finding words. This is often the most disabling symptom, because it attacks what drives your work and your relationships.
- Flu-like symptoms: extreme fatigue, feverish sensation, body aches, sore throat, tender lymph nodes. The body behaves as if fighting an infection that does not exist.
- Ocular symptoms: irritated, burning, watery eyes, blurred vision, light sensitivity.
- Mood disturbances: irritability, anxiety, transient depressive episodes, a sense of detachment. These symptoms are not “in your head” — they are a physiological component of the syndrome.
- Miscellaneous manifestations: nasal congestion, sneezing, sweating, speech difficulties, muscular tension.

The typical timeline

What distinguishes POIS from ordinary fatigue is its temporal mechanics, remarkably stable within a given individual:

1. Trigger: ejaculation. The starting point is sharp, identifiable, reproducible.
2. Latency: from a few minutes to a few hours. Some men collapse immediately, others feel the wave build in the following hours.
3. Plateau: the hardest phase, when the full set of symptoms is present. It typically lasts one to three days.
4. Resolution: a gradual return to normal, over two to seven days in total.

> *Key point: reproducibility is your best diagnostic ally. A random symptom is hard to pin down. A collapse systematically triggered by the same event, with the same timeline, is a clear signal — for you, and for any doctor willing to look at the data.*

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Do you recognize your own map in this description? If so, you may have just seen your experience put into precise words for the first time. Hold on to that feeling. It is the first step in regaining control: naming what you endure.

2. 2002 — the year your illness got a name

For centuries, men lived through what you are living through without a single word to name it. They blamed it on fatigue, on guilt, on a flaw of character. They died with their secret.

Then in 2002, two Dutch researchers, **Marcel Waldinger** and Dave Schweitzer, published the first clinical description of the syndrome based on patient cases. They gave it its name: *Post-Orgasmic Illness Syndrome*. For the first time, the post-ejaculatory collapse ceased to be a shameful individual oddity and became an identified medical object.

What the founding work established

In the years that followed, Waldinger continued his observations on patient cohorts. Several important elements emerged that are worth knowing:

- The syndrome follows a set of recurring criteria: multiple symptoms triggered by ejaculation, rapid onset, resolution within a few days, reproducibility.
- In a majority of the patients tested in his cohorts, skin tests using their own seminal plasma came back positive — an argument in favor of an auto-immune or allergic component. This is a human observation, documented, on a limited number of patients.
- An attempt at treatment through gradual desensitization to autologous seminal plasma showed, in certain patients, a reduction in symptoms. An encouraging result, but on very small numbers — to be treated as a serious lead, not as established proof.

Where the research stands today

Let's be honest about the state of knowledge. Since 2002, the literature has grown with case reports and small series published around the world. POIS is today referenced as a rare disease and appears in orphan-disease databases.

But — and this is crucial — there is still **no large-scale clinical trial**, no universally demonstrated cause, no validated treatment. The entirety of what we know rests on case observations. That is little. And it is precisely why you must become the expert on your own body: no one else will do it for you.

> *“ The fact that a disease is rare does not make it any less real for the one who carries it every day. ”*
>
> — Le Grand RESET

3. Why medicine leaves you stranded

You have probably seen one or several doctors. And you probably left with a feeling of abandonment, even humiliation. This is not bad luck. It is structural. Understanding why frees you from one thing: the belief that the problem comes from you.

Three cold, factual reasons

ONE — RARITY

Only a few hundred cases are documented in the world literature. The real figure is probably in the tens of thousands, because men stay silent. But from the standpoint of a healthcare and research system, a “rare” disease is a disease that attracts neither funding, nor training, nor attention. Your general practitioner went through their entire education without ever hearing these four letters.

TWO — TABOO

POIS touches the core of male sexuality and an act surrounded by cultural shame. This shame operates on two levels: it prevents you from speaking about it clearly, and it makes the practitioner across from you uncomfortable. Most affected men take years before daring to raise the subject head-on. Years lost.

THREE — THE ABSENCE OF A PROTOCOL

Even the well-meaning doctor, who believes you and wants to help, hits a wall: there is no official protocol, no guideline from a medical society, no indicated medication. Faced with the void, many take refuge in the most convenient explanation: “it's psychosomatic.” Which, translated, often means: “I don't know, and it bothers me to say so.”

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The reversal

Here is the shift this book proposes.

As long as you wait for a savior in a white coat to fix your problem, you remain passive, dependent, at the mercy of the next disappointing appointment. The day you accept that no one is coming to save you, something changes. This is not despair. It is a seizing of power.

If no one holds the solution, then no one has more authority over your body than you. You become the researcher, the observer, the strategist of your own case. This is the foundation of **inner sovereignty**: taking full responsibility for what happens inside you — not because it is your fault, but because it is your power.

PART II

Understanding the mechanics

You do not reprogram a system you do not understand. Here is what science knows, what it hypothesizes, and the line that separates the two.

4. The hypotheses — what we know, what we suppose

The exact mechanism of POIS remains debated. Several hypotheses coexist. None is definitively settled. Knowing them arms you against two traps: the despair of the man who believes “no one understands anything,” and the gullibility of the man who swallows the first explanation sold with confidence.

Hypothesis 1 — auto-immune / allergic

This is the historical hypothesis, championed by Waldinger. The idea: the body would react to its own seminal components as if to an allergen, triggering an inflammatory and immune cascade. It is supported by the positive skin tests observed in a majority of tested patients, and by the logic of desensitization. It is currently the hypothesis best supported by human observations — without being proven for all that.

Hypothesis 2 — neurochemical

Orgasm provokes a neurochemical storm: rapid release and drop of dopamine, prolactin, oxytocin, serotonin and other mediators. In certain men, this abrupt rebalancing could be abnormally mishandled, producing the cognitive and mood symptoms. This hypothesis would explain the brain fog and emotional disturbances well, the flu-like symptoms less so.

Hypothesis 3 — autonomic nervous system dysregulation

The autonomic nervous system manages everything you do not consciously control: heart rate, digestion, stress response. Orgasm is a major autonomic event. One hypothesis proposes that an imbalance between the sympathetic (accelerator) and parasympathetic (brake) branches amplifies the post-orgasmic reaction. This lead has major practical value: autonomic tone can be trained, as we will see.

Hypothesis 4 — hormonal and others

Other leads exist: hormonal disturbances, intolerances, particular inflammatory profiles. They are less documented and often speculative. It is likely that there is no single cause, but several sub-types of POIS grouped under one name for lack of anything better.

> *What to remember: several plausible mechanisms, none certain, probably several different profiles. This uncertainty is not a reason to give up. It is a reason to methodically test what acts on YOUR case — instead of waiting for a universal answer that may never come.*

5. The distinction no one makes

HUMAN EVIDENCE VS THEORETICAL LEADS

This is the most important chapter of this part, and the one that will protect you from charlatanism for the rest of your journey.

On an orphan disease with no official treatment, a marketplace of hope emerges. Forums, supplement sellers, wellness gurus: all offer THE solution. To navigate that without being fleeced or endangered, you need one reflex, but a relentless one.

> *“ Is this observed in humans, or only supposed from a mouse and an extrapolation? ”*
>
> — The reflex that protects you

Two categories, never to be confused

HUMAN EVIDENCE

What has been observed, measured or reported in affected human beings. For POIS: the positive seminal-plasma skin tests, the desensitization trials, the variable responses to certain antihistamines or anti-inflammatories reported in clinical cases, and the converging experience of patients on the influence of lifestyle. Caution: “observed in humans” does not mean “proven.” A case report is weak data. But it is real data, anchored in real bodies.

THEORETICAL AND PRECLINICAL LEADS

What rests on animal studies, cell cultures, or mechanistic reasoning. Example: a compound that reduces neurogenic inflammation in mice. That is interesting. It can guide research. But between a laboratory mouse and your nervous system, there is a chasm. Countless “miraculous” molecules in animals delivered nothing, or caused harm, in humans.

Why this distinction changes everything

When you read that a substance “treats POIS,” ask the question. Nine times out of ten, the source is a theoretical mechanism or an animal study dressed up as certainty. This does not mean you must reject everything — it means you must prioritize: favor what has a human trace, test the rest cautiously, and never gamble your health on the strength of an extrapolation.

It is this rigor that distinguishes a man who regains control from a man who leaps from false hope to false hope, growing poorer along the way. Keep this filter switched on at all times. Including — especially — with those who promise the most.

6. Your body is an operating system

Here is the mental model that will structure everything that follows. It is not a decorative metaphor: it is an operational framework.

Think of your body as an **operating system**. A set of processes running in the background, influencing one another, and determining the stability of the whole. POIS, in this model, is a *bug* triggered by a specific event: ejaculation. You cannot, today, remove the bug itself — the source code still escapes you. But you can act on something decisive: the stability of the system on which that bug runs.

Severity is not a fixed fate

This is the point most affected men have never heard, and it changes a life: the magnitude of your crises is not a constant. It varies. And it varies according to the state of your terrain at the moment of the trigger.

The same software bug barely slows a powerful, well-maintained machine, and completely crashes an overloaded, saturated, poorly cooled one. Your body obeys the same logic. A collapse occurring on solid terrain — good sleep, low baseline inflammation, a regulated nervous system — will often be shorter and more bearable than the same collapse occurring on exhausted terrain.

The four levers of the terrain

The rest of this book is organized around the levers you can actually pull. None "cures" POIS. All of them, combined, change the terrain on which crises are triggered — and that is exactly what men who regain control report, convergently:

- Data: documenting to understand your unique signature (chapter 7).
- Sleep: the number-one multiplier of crisis severity (chapter 8).
- Inflammation: the background load that conditions the intensity of the reaction (chapter 9).
- The nervous system: the regulation that dampens or amplifies the shock (chapter 10).

> *The guiding principle: you do not fight the bug head-on. You strengthen the system until the bug has less and less grip. It is a war of terrain, not a frontal duel. And it is a war you can wage, alone, at home, with no one's permission.*

PART III

Taking back the reins

The theory is over. Here are the concrete protocols. What you do with these pages is yours — but doing nothing with them is choosing to remain a spectator of your own collapse.

7. Document — become the expert on your case

First step, before any protocol, before any supplement, before any medical appointment: document. Without data, you navigate blind and no one can take you seriously. With data, you become the expert on your own case — and facing an orphan disease, that is exactly what you must become.

The crisis journal

For each episode, record coldly, without interpretation, the following data:

- Date and time of the trigger (the ejaculation).
- Delay before the first symptoms appear.
- Precise list of symptoms, rated in intensity from 1 to 10.
- Total duration of the episode, until the return to normal.
- Context of the previous 48 hours: quality and duration of sleep, stress level, diet, alcohol, physical activity, perceived inflammatory state.

A paper notebook is enough. A note on your phone works too. The form does not matter at all. Consistency, on the other hand, is decisive.

What the data will reveal

After a few weeks, patterns emerge. This is where the magic happens — not a mystical magic, but the more powerful magic of measured self-knowledge:

- You will identify your amplifiers: the factors that, when present before an ejaculation, systematically worsen the crisis.
- You will identify your dampeners: the conditions under which your crises are shorter and milder.
- You will obtain the real average duration of your episodes — critical information for organizing your life instead of enduring it.

> *Unexpected side effect of the journal: it transforms your psychological relationship with the illness. You cease to be a passive victim overwhelmed by incomprehensible waves. You become an observer, an analyst, a strategist. This simple shift in posture is already, in itself, a reclaiming of sovereignty.*

8. Pillar 1 — sleep

If you could work on only one lever, it would be this one. In the converging experience of affected men, sleep debt is the number-one amplifier of crisis severity. A collapse that occurs after two bad nights is often longer and more brutal than the same collapse after solid sleep.

Why sleep weighs so much

Sleep is not dead time. It is the maintenance window of your system. It is during deep sleep that your body regulates inflammation, repairs tissue, rebalances neurotransmitters and recalibrates the autonomic nervous system. In other words: sleep acts directly on the three other pillars of the terrain. To neglect it is to sabotage everything else.

The non-negotiable principles

No esoteric recipes here. The fundamentals, applied with discipline, are enough for the majority:

- Regularity above all: go to bed and get up at the same times, weekends included. Your internal clock hates chaos.
- Total darkness and coolness: a dark, cool room sends the right biological signal. Light, even faint, degrades the quality of deep sleep.
- Cutting screens before bed: light and cognitive stimulation delay falling asleep and fragment sleep.
- Vigilance on stimulants: caffeine has a long duration of action; consumed too late, it amputates your deep sleep without your realizing it.
- Alcohol is a false friend: it puts you to sleep but destroys the structure of sleep and increases the inflammatory load — a double penalty on your terrain.

The strategic lever

Here is a direct, concrete application of your data. If your journal confirms that sleep conditions your crises — and it probably will — then a rule imposes itself: never approach a foreseeable ejaculation on degraded sleep terrain. Protecting your sleep in the days surrounding intimacy becomes a strategic act, not a detail of healthy living.

9. Pillar 2 — inflammation

Whatever the exact cause of your POIS, one constant runs through most of the hypotheses: an inflammatory component. Now, you live permanently with a level of background inflammation — your baseline inflammatory load. The higher that load is before the crisis, the more raw material the post-orgasmic reaction has to run wild.

The bucket image

Imagine a bucket collecting all your sources of inflammation: diet, poor sleep, chronic stress, sedentariness, various excesses. Ejaculation adds its own volume. If your bucket is already almost permanently full, the slightest addition makes it overflow — and the overflow is the crisis. Lowering the baseline level means giving your system a margin before the overflow.

The background anti-inflammatory levers

Once again, nothing esoteric. Fundamentals, held with consistency:

- The plate: favor whole foods, rich in plants, good fats and fiber; reduce ultra-processed products, fast sugars and excesses that feed inflammation. You do not need a perfect diet, but a clear underlying tendency.
- Movement: regular physical activity adapted to your energy lowers background inflammation. The key is adaptation: neither sedentariness, nor exhausting overexertion, which itself increases inflammation.
- Managing chronic stress: prolonged stress is a major inflammatory driver, via cortisol. The next pillar, on the nervous system, addresses this directly.
- Hydration and the basics: often neglected, always foundational.

> *A note of caution: regarding supplements presented as anti-inflammatory, keep the filter from chapter 5. Many rest on animal data. Some may interact with treatments or present risks. Introduce nothing significant without discussing it with a professional, and never expect from a supplement what only a foundational lifestyle can build.*

Baseline inflammation is not fixed in a week. It is deep, silent work whose effects are measured over months. But it is one of the most powerful levers you have — and it is entirely in your hands.

10. Pillar 3 — the nervous system

The last pillar, and probably the most subtle. Your autonomic nervous system arbitrates constantly between two modes: the sympathetic mode, that of action, stress, vigilance (“fight or flight”); and the parasympathetic mode, that of recovery, digestion, repair (“rest and digest”).

Modern man, and even more the man who lives in permanent dread of his next crisis, spends an enormous share of his life stuck in sympathetic mode. This imbalance sustains inflammation, degrades sleep, and could, according to one of the hypotheses, directly amplify the post-orgasmic reaction.

The trap of anticipatory anxiety

There is here a vicious loop that must be named in order to break it. You dread the crisis. This fear keeps you in sympathetic tension. This tension degrades your terrain. A degraded terrain produces harder crises. Harder crises feed the fear. The wheel turns.

Acting on the nervous system means slipping a lever into that wheel to stop it. It is not “relaxing” in the soft sense of the word. It is actively *training* your capacity to return to parasympathetic mode.

The regulation tools

These practices have one thing in common: they are free, doable at home, and compatible with limited energy.

- Slow, controlled breathing: lengthening the exhale directly activates the parasympathetic brake. A few minutes of slow breathing, several times a day, retrain your baseline tone. It is the most cost-effective tool that exists: zero cost, immediate and cumulative effect.
- Coherence between the body and calm: relaxation practices, meditation, time without stimulation. The goal is not spiritual performance, but training the return to calm.
- Controlled exposure to calm: reducing the permanent background noise — notifications, over-stimulation, perpetual urgency — that keeps you on alert.
- Gentle movement: walking, stretching, activities that soothe rather than excite the nervous system.

> *To remember: you cannot consciously control your autonomic nervous system — but you can influence it through the gateway of breathing. It is the only autonomic process you can steer voluntarily. It is your direct remote control over the terrain. Use it.*

11. Facing the doctor — the communication protocol

Working on your terrain does not mean turning your back on medicine. It means approaching it differently: no longer as a supplicant waiting to be saved, but as an equipped partner who brings data and steers his own path.

Preparing the consultation

— Arrive with your crisis journal. Written, quantified, chronological data radically changes how you are perceived. You cease to be a vague patient and become a documented case.

— Name the disease precisely. Use the exact term — “Post-Orgasmic Illness Syndrome,” “POIS” — and mention Waldinger's founding work, published from 2002 onward. You thereby give your doctor a documentary entry point.

— Explicitly ask to rule out differential diagnoses: allergies, thyroid disorders, chronic fatigue syndrome, other causes of similar symptoms. This approach is rational and will be taken seriously.

If you are brushed off

It may happen again. A doctor who does not know the disease, uncomfortable, may refer you to the psychological. Do not take it as a verdict. Take it as information: this practitioner is not the right one for this subject. Find another. The perseverance to find the right interlocutor is part of the fight — and it is legitimate.

> *Safety red line: this book equips you to act on your terrain, not to do without medicine. Any new, severe or worrying symptom, any doubt about a diagnosis, any introduction of a supplement or treatment must go through a healthcare professional. Inner sovereignty is not isolation. It is the informed steering of one's own path, medicine included.*

PART IV

Rebuilding

POIS does not attack only a body. It attacks a life, a relationship, a man's identity. To rebuild is to reclaim all of that terrain.

12. The couple, sex, the secret

We must address head-on what POIS does to your intimate and relational life, because that is often where the suffering is deepest — and the most hidden.

The weight of the secret

Many men hide their syndrome from their partner. Out of shame, out of fear of rejection, out of dread of no longer being “a man” in her eyes. So they invent excuses, withdraw, let her believe in a loss of interest or a problem in the relationship. The secret, meant to protect, eats away at the relationship from within and isolates them further.

The hard truth: the secret almost always costs more than the confession. A partner who endures unexplained withdrawals imagines the worst — falling out of love, cheating, rejection. Reality, however heavy, is often more bearable for the couple than the void into which the other projects her fears.

Explaining without diminishing yourself

Explaining POIS to your partner is not confessing a weakness. It is sharing a medical reality, an invisible disability, with precision and without drama. The framework this book gives you — a real disease, documented since 2002, with an identifiable mechanism — lets you speak about it as a fact, not as a shame.

An informed partner becomes an ally. She can take part in the strategy: understand the recovery windows, support the protection of the terrain, defuse the episodes. What was a wall between you can become a shared field.

Rethinking intimacy

Finally, a shift of perspective. Sexuality is not reduced to ejaculation. That is a cultural belief, not a biological truth. Many affected men rediscover, out of necessity, a broader intimacy — presence, sensuality, shared pleasure — less centered on the act that triggers the crisis. The constraint can, paradoxically, open a richer intimacy. This is not a consolation prize. It is a reconquest.

13. The synthesis — your recovery protocol

Let's bring it all together. Here is the sequence for regaining control, in the order to tackle it. Do not seek perfection. Seek getting started.

Phase 1 — Observe (weeks 1 to 4)

5. Open your crisis journal today. It is the bedrock of everything else.
6. Document each episode without changing anything else for now. You are establishing your baseline.
7. Book a medical appointment and prepare it with the communication protocol from chapter 11.

Phase 2 — Stabilize the terrain (weeks 4 to 12)

8. Sleep: establish regularity and the fundamentals. It is your absolute priority, because it acts on everything else.
9. Nervous system: install a daily breathing practice. Zero cost, immediate return.
10. Inflammation: commit to the underlying tendency in your diet and movement. Without perfectionism, with consistency.

Phase 3 — Steer (beyond 3 months)

11. Cross-reference your data: which levers actually changed the duration and intensity of your crises? Double down on what works for you.
12. Use the timing strategy: protect your terrain in the days surrounding foreseeable intimacy.
13. Rebuild the relational: come out of the secret, make your partner an ally.

> *The principle that sums it all up: you do not erase POIS. You regain sovereignty over the terrain where it operates. You move from a man who organizes his whole life around his crises to a man who has reformatted his system to absorb them — and, often, to space them out and soften them.*

Conclusion — Inner sovereignty

You began this book perhaps wondering whether you were going crazy. You finish it, I hope, with something else: a map, a language, and a direction.

Nothing written here erases your illness with a wave of a wand. That was never the promise. The promise was to hand you back control — and control, now, you have.

You know what POIS is. You know why medicine left you alone, and that it is not your fault. You know how to distinguish human evidence from an extrapolation sold with confidence. You know that your body is an operating system, that the severity of your crises depends on its terrain, and that this terrain — sleep, inflammation, nervous system — is in your hands.

That is inner sovereignty. Not the total, fantasized control over a body that never obeys perfectly. But the full, lucid responsibility for what you, yourself, can do with your terrain. No one is coming to save you. That is the hard truth. And it is, at the same time, your liberation: if no one holds power over your body, then that power returns to you.

> *“ Your body is not your enemy. It is a dysregulated system. And a system can be reformatted. ”*
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> — Le Grand RESET

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GOING FURTHER

P.O.I.S RESET

This book has given you the framework and the foundations. The complete protocol — the methodical rebuilding of the terrain, step by step, designed for a man living with an invisible disability and a limited energy budget — I have structured it in P.O.I.S RESET.

I have condensed the essentials into a free presentation: what the research actually says, the mistakes that worsen the terrain, and the complete structure of the protocol. No promise of a miracle cure. A method, protocols, a reclaiming of inner sovereignty over a body that seems to have betrayed you.

→ Access the free presentation

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LE GRAND RESET

Protocols of inner sovereignty