

Misinformation in the healthcare sector in Slovakia.

An analysis of users' perceptions and behaviour.

Authors:

*Ivan R. Cuker, Charles University
Karina Stasiuk-Krajewska, SWPS University
Paweł Rosner, SWPS University
Michał Wenzel, SWPS University
Jakub Kuś, SWPS University*



Table of Contents

Introduction.....	3
Research Procedure and Data Collection Methods.....	4
Data	6
Recognizing Misinformation in the Field of Medicine	12
Attribution and the Influence of Information Sources	16
Interaction Analysis: Netnography.....	19
Conclusions and Interpretation	21
Summary	23
Appendix: Research Tool	25
Posts Used in the Respondent Survey	25



Introduction

Research on medical disinformation is a key area for understanding how disinformation affects the public and how it spreads through social media platforms. The aim of this study is to answer the research question: *How effectively can the public recognize and evaluate medical disinformation, and what factors influence their perception of and interaction with it?* It focuses primarily on the content of the message, its origin, and the way it is phrased, as these elements often determine whether people will believe the information or not. The issue of medical disinformation is currently extremely pressing, not only because of its rapid spread via online social media platforms, but also because of its potential impact on public health and trust in the healthcare system.

There is a relatively large body of research focused on medical topics in disinformation and misinformation spread on social media platforms¹. However, most of these studies examine this phenomenon in the United States. Our study, which was conducted not only in Slovakia but also in Poland and the Czech Republic, is therefore relatively unique in its Central European focus. This text summarizes the findings from the Slovak portion of the research.

In the following chapters, we describe the research procedure and its results in detail. The chapter “*Research Procedure and Data Collection Methods*” describes the study design in detail, including the methods used and the criteria for selecting the social media posts analyzed. The “*Data*” section presents the sociodemographic characteristics of the respondents and their experiences with serious health problems, as well as the sources of health information they use. The chapter “*Recognizing Misinformation in the Field of Medicine*” analyzes how respondents assessed the truthfulness, manipulateness, and credibility of individual posts. The following section, “*Attribution and Influence of Information Sources*,” examines how respondents attributed the dissemination of posts to various actors, such as internet trolls, scientists, or foreign governments. The chapter “*Analysis of Interactions*” then presents the results of monitoring how respondents interacted with the posts. At the conclusion of the study, we summarize the main findings from the survey.

¹ Yeung, A. W. K., Tosevska, A., Klager, E., Eibensteiner, F., Tsagkaris, C., Parvanov, E. D., ... & Atanasov, A. G. (2022). Medical and health-related misinformation on social media: a bibliometric study of the scientific literature. *Journal of Medical Internet Research*, 24(1), e28152.

Research Procedure and Data Collection Methods

One of the key areas of research on medical misinformation is identifying the fundamental characteristics that make it persuasive to its audience. In this study, we focus primarily on factors such as the content of the message, its source, and the way it is phrased. To identify these characteristics, our team conducted a survey on a sample representative of the population of the Slovak Republic. The survey was carried out by Pollster in June and July 2026. The survey was conducted using the CAWI (Computer-Assisted Web Interviewing) method. The total number of respondents was 777. Given the structure of the questionnaire, the survey incorporated elements of netnography, understood as the observation of user behavior in the simulated communication environment of online platforms. Achieving representativeness was very challenging given the research topic, its specific nature, and practical difficulties. Instead of strictly monitoring exact proportions by individual sociodemographic categories, we focused on ensuring sufficient diversity in the sample population in terms of age, gender, education, and size of place of residence. Other characteristics examined—for which, however, it was not possible to monitor appropriate proportions of the population sample at all due to a lack of research data—included household material conditions and the social proximity of seriously ill individuals. We describe the sociodemographic variables used in more detail in the *Data* chapter.

In selecting the posts, we used a database of debunked disinformation compiled and maintained by Demagog, a fact-checking organization. The following criteria were used to select the materials:

1. Relevance to respondents, understood as a connection to actual or potential personal experiences.
 2. Content that allows for determining whether manipulation is occurring on the part of the recipient.
 3. To control for the influence of contextual factors, cases containing true information—structurally analogous but showing no signs of disinformation—were selected for evaluation.
- The complete documentation is provided in the appendix.

The research and analytical procedure was as follows:

1. Each respondent was given online posts captured on social media platforms related to health issues to evaluate. There were nine posts in total. Some of them contained true information (3), while others contained false information (6). The questionnaire section featuring these posts had

an interface () that mirror actual social media platforms. Respondents were thus able to interact with the posts by sharing, liking, disliking, reporting, and commenting on them.

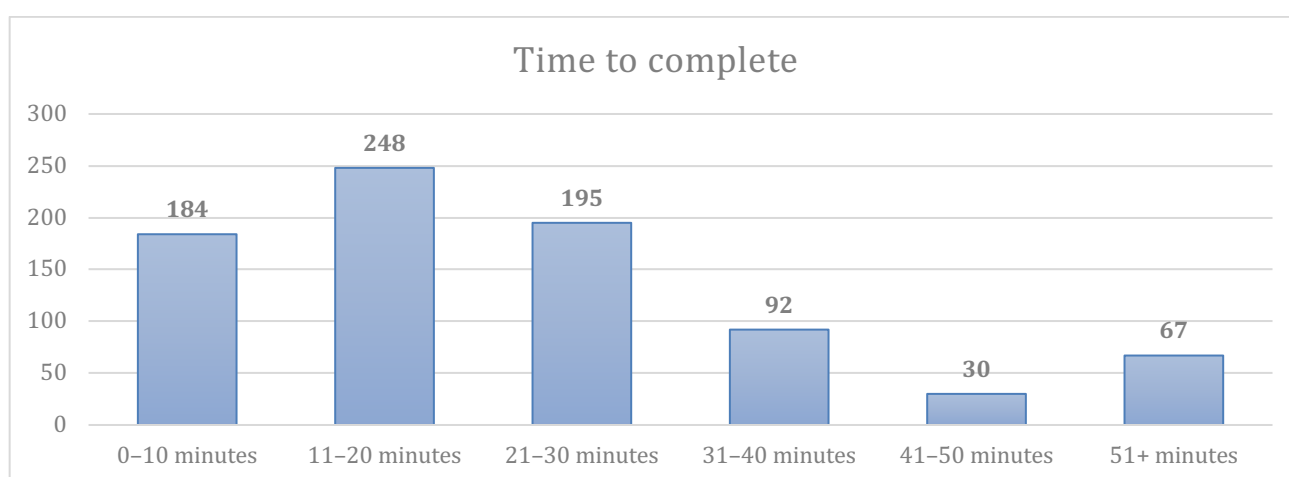
2. For each post, a series of content-related questions was then asked. These involved a variety of content evaluations. More details are provided in the chapter “*Recognizing Misinformation in the Field of Medicine.*”

3. Finally, all respondents were asked a series of sociodemographic and supplementary questions.

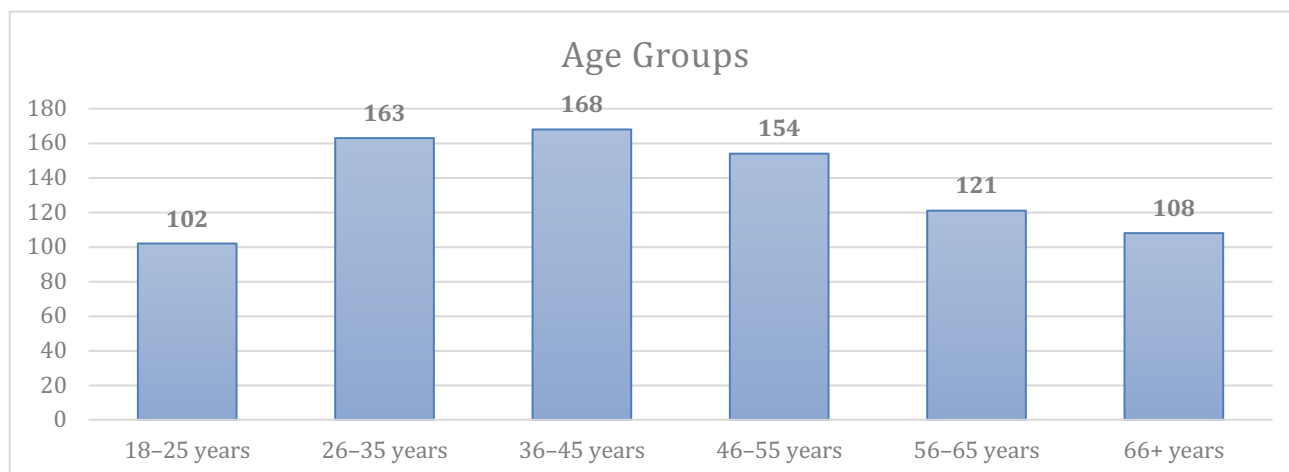


Data

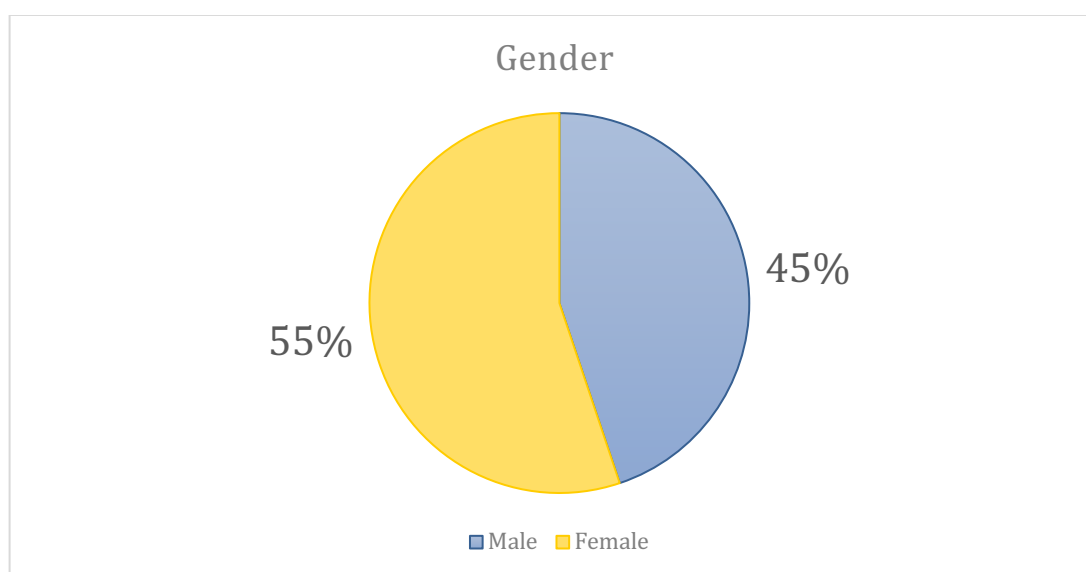
The final dataset contains 816 completed questionnaires. The responses can be categorized based on several key characteristics. First and foremost is the time taken to complete the questionnaire, which indicates how thoroughly the respondents approached the task. However, this is not a perfect indicator, as the time taken is also influenced by other factors, such as the respondent's age, interruptions while filling out the questionnaire, or reading ability. The average completion time is 30.4 minutes, and the median is 20.25 minutes. 184 respondents completed the questionnaire in 10 minutes or less. Therefore, the responses in this group may have been less thorough.



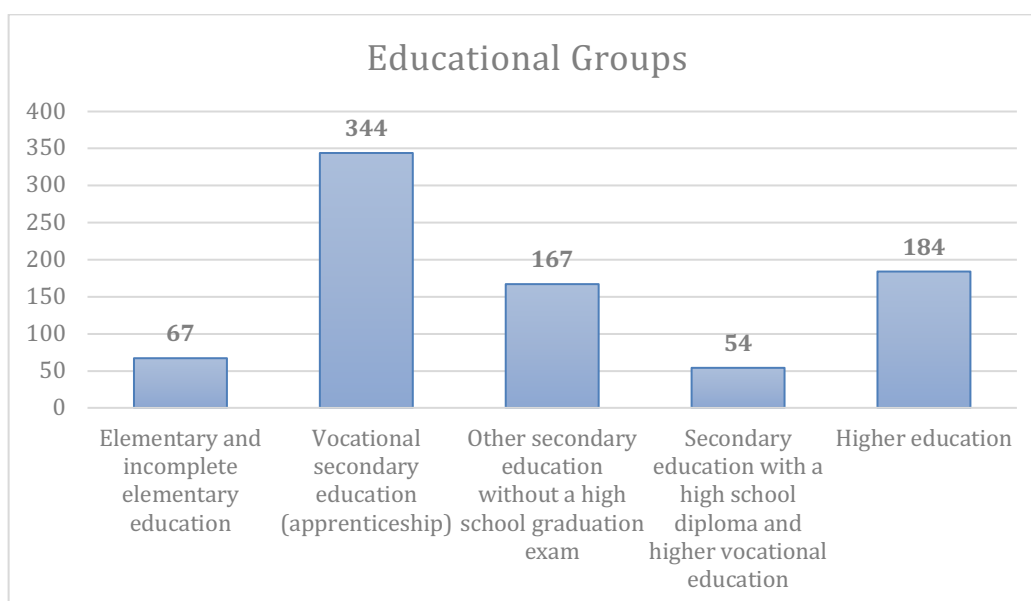
The respondents are distributed relatively evenly across age groups. Although the research sample does not perfectly match the age distribution of the population in Slovakia, it nevertheless includes a substantial number of respondents in each age category. As a result, the resulting dataset is not skewed by the predominance of one or more age groups. A significant portion of the respondents (108) belong to the oldest age group, 66 years and older. Given that respondents in this age group use internet tools less frequently and are harder to reach to complete online questionnaires, this number is a valuable contribution to the study.



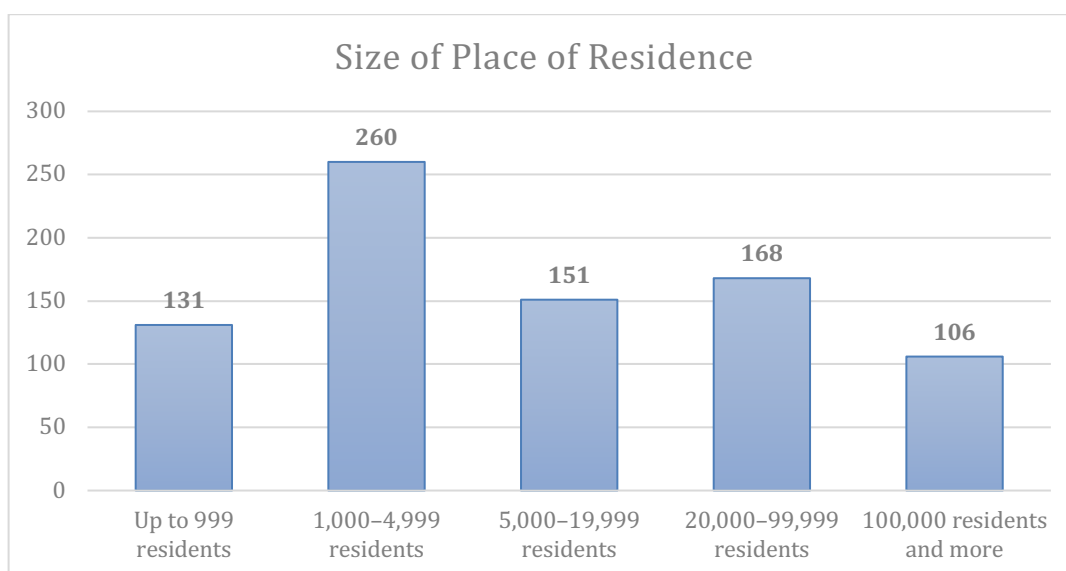
In terms of gender, the sample is also relatively evenly divided into two halves. Although the proportion of women in the sample is significantly higher than that of men, this difference is not statistically significant compared to the actual composition of the Slovak population.



The distribution of the sample by educational attainment is also sufficiently represented in each category. Since the survey was conducted in multiple countries, we had to slightly adjust the educational categories from their standard form in the questionnaire. We did so to facilitate comparability with surveys conducted in Poland and the Czech Republic. Again, the distribution of educational groups is not exactly representative of the population in Slovakia; however, the number of respondents in each category is sufficiently robust for a comparative analysis.

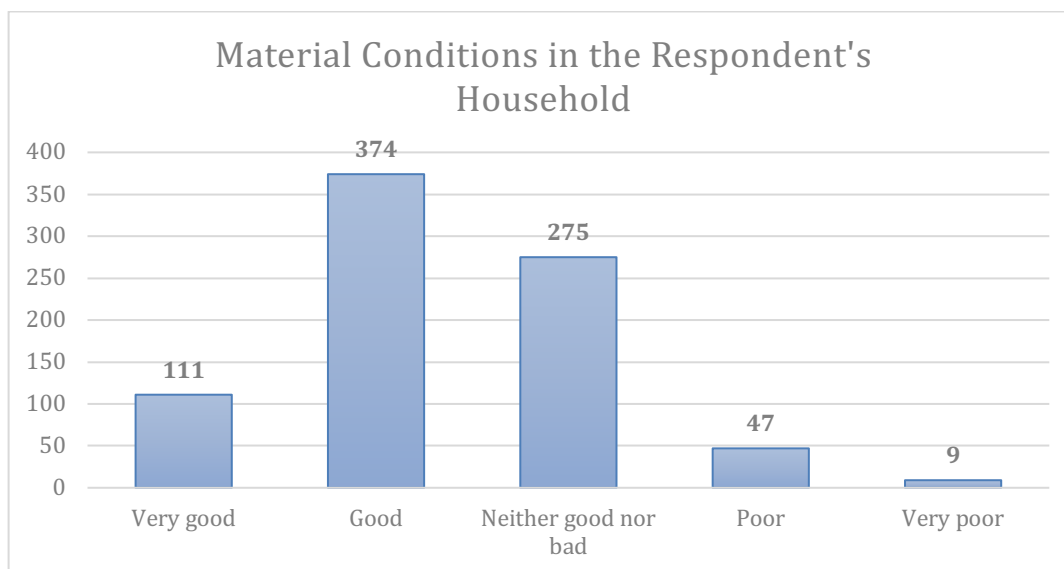


Another commonly used indicator is the size of the municipality from which the respondent comes. However, the analytical significance of this indicator is limited by the location of the municipality. For example, there is a significant difference between the attitudes of people living in small municipalities located in outlying areas and those living in municipalities that are part of a metropolitan area. Even for this variable, the categories are relatively well represented.

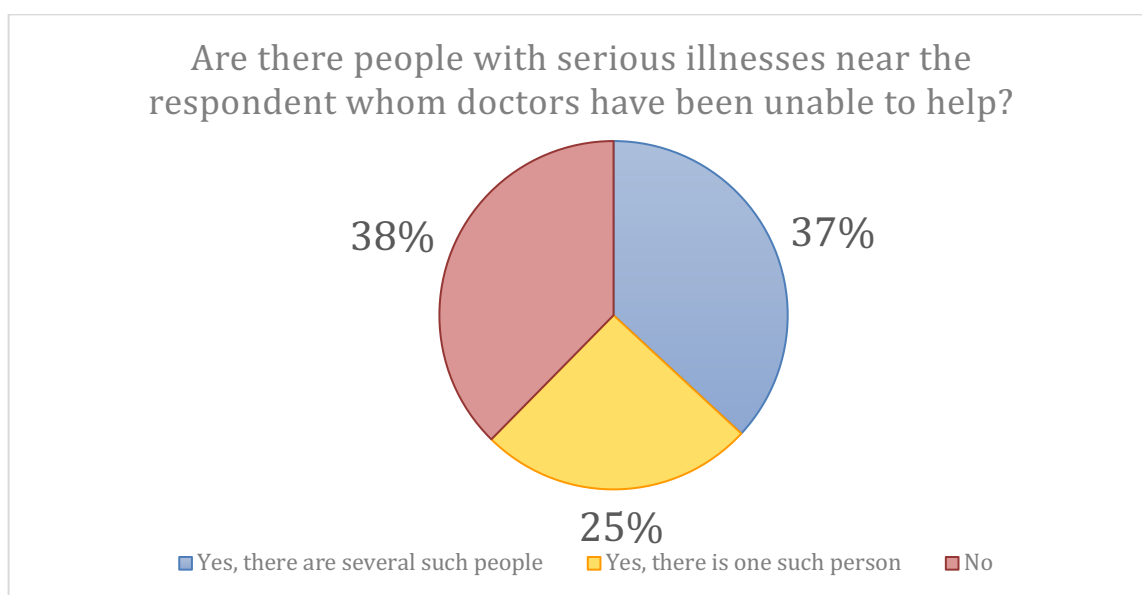


A very important indicator is the respondent's material well-being. A household's economic situation is significantly reflected in its attitudes, experiences, and level of cultural capital, which, for example, enables the accurate identification of disinformation. A limitation of this item is the unclear assessment of when a household is in a good or bad material situation. Such an assessment is highly

subjective. For some respondents, the need to present their economic situation in a more favorable light also plays a role. However, the negative impact of these limitations is mitigated by the use of a five-point response scale. Most respondents rate their household's material situation as good, or as neither good nor bad. According to them, only a small proportion of households are in a directly bad or even very bad situation.



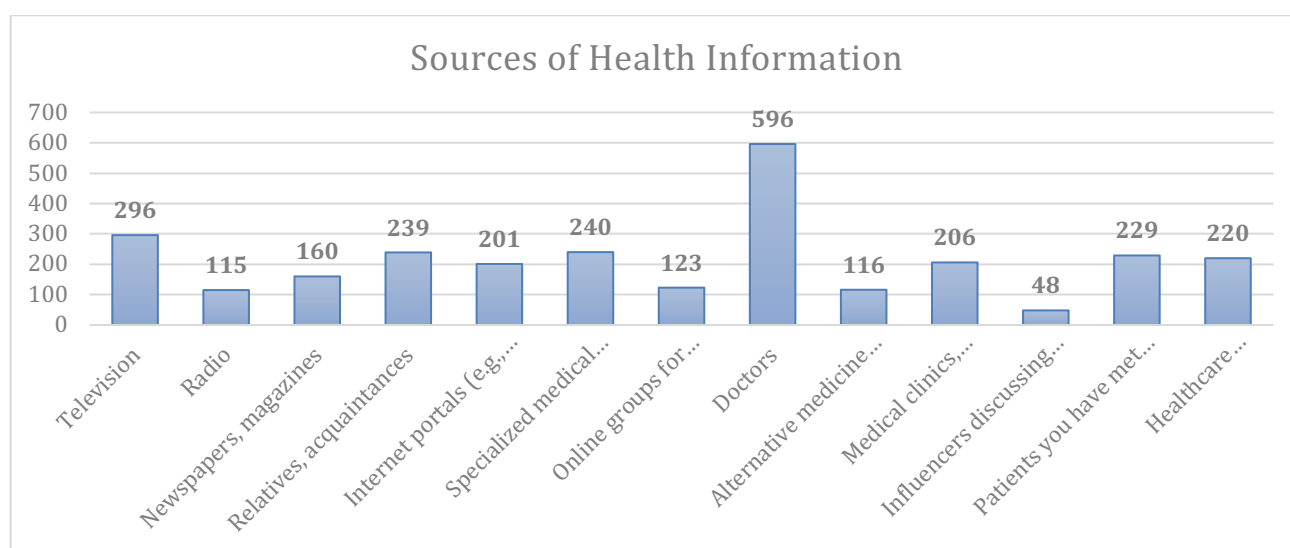
Given that the research focuses on the assessment of health-related disinformation, it is also important to determine to what extent this topic is relevant to respondents. To this end, the survey included the following question: Are there people in your immediate circle (among relatives, acquaintances, or family) who have suffered from a serious illness and whom doctors were unable to help? The largest share of respondents (38%) do not have anyone like this in their circle. However, nearly the same proportion of respondents (37%) have several such people in their circle, and a quarter (25%) have one such person in their circle. Thus, the majority (62%) of people have indirect experience with a situation in which doctors were unable to help. It is possible that these people will be more susceptible to narratives that cast doubt on medical science or the practice of medicine.



The final variable, which was created to obtain detailed information about the respondents, concerned sources of health information. The question was: “Where do you get information about health, treatment, and healthcare issues? You may select any number of answers.” Respondents were presented with the following list of possible answers:

- Television
- Radio
- Newspapers, magazines
- Relatives, acquaintances
- Internet portals (e.g., Onet, Interia, wp.pl)
- Specialized medical publications (scientific articles)
- Online groups for people interested in a given topic (e.g., on platforms such as Facebook, TikTok)
- Doctors
- Alternative medicine practitioners
- Medical clinics, pharmaceutical companies
- Influencers discussing health, nutrition, and lifestyle; people who are popular online
- Patients you have met during treatment, rehabilitation, examinations, or on other occasions
- Other healthcare professionals besides doctors (community nurses, pharmacists, physical therapists)

Respondents most frequently cited doctors as their source of information on health and treatment, with 596 mentions. This figure indicates the high level of trust the medical profession enjoys in Slovakia. Furthermore, a relatively high proportion of respondents (296) selected the option “television.” “Specialized medical publications (scientific articles)” was cited by 240 people, and “Relatives, acquaintances” by 239. Trust in “alternative” sources of health information is therefore not mentioned very often. On the other hand, a significant number of respondents (116) chose the answer “alternative medicine experts.” These results show that there is a certain group of people in Slovakia who obtain health information from problematic sources, although this group is not very strongly represented in the overall population.



Recognizing Misinformation in the Field of Medicine

Respondents were then presented with social media posts for evaluation. In terms of their appearance and the options for interacting with them, these posts resembled actual posts on the timeline of an online platform. A series of similar questions was posed for each post. These questions addressed 13 dimensions of misinformation: truthfulness, attempts at manipulation, the interests behind the information, whether it was based on rumors or myths, credibility, accountability, emotionality, the potential behavioral dimension (incitement to action), and the potential to change opinions—both the respondent’s and others’. Some questions were posed on reverse scales to verify the consistency of responses. The midpoint on the 11-point scale from 0 to 10 is 5. Scores above 5 indicate—on average—agreement with the statement, while scores below 5 indicate disagreement. The specific wording of the questions was:

- Do you think this material provides accurate information?
- Do you think this material is an attempt at manipulation?
- Do you think this material concerns you personally?
- Do you think this material could change your attitudes and/or opinions?
- Do you think this material might prompt you to take some action?
- Do you think this material might change other people’s attitudes and/or opinions?
- Do you think this material might cause other people to take certain actions?
- Do you think this material has been carefully prepared?
- Do you think this material was prepared with good intentions?
- Do you think this material serves the interests of a particular social or professional group?
- Do you think this material is based on facts?
- Do you think this material is based on rumors, superstitions, or myths?
- Do you think this material was prepared by an author or organization that can be contacted for clarification?

Regarding the first dimension—the assessment of the truthfulness of the information—true posts were rated as authentic, while most false posts were correctly identified as untrue. Posts No. 8 and 9 are exceptions. Although Post No. 8 contains true information, its average rating is 4.89, which is below the median of 5. Conversely, the false Post No. 9 has a score of 5.8, and its truthfulness rating is therefore above the median. However, it is important to note that the average rating of the responses

in most cases hovers around the median of 5. Thus, in most cases, respondents were not entirely sure which post was true and which was not. The average rating of responses was 5.34 for true posts and 4.01 for false ones.

When evaluating statements as attempts at manipulation, the resulting rating is nominally the opposite but, in terms of significance, nearly identical to the rating for truthfulness. Respondents most often label false posts as manipulative (the average rating is 5.75), while for true posts, this rating is lower (4.44). Again, however, this is not a fundamentally significant difference. In the case of post number 9, which claims that coughing can alleviate the effects of a heart attack, the rating again does not correspond to the ratings of other false posts. Compared to other false posts, people are less likely to label it as manipulative. Its average rating (3.82) is also below 5, meaning that in most cases it is not considered manipulative. The ratings of posts in the following categories follow a similar trend.

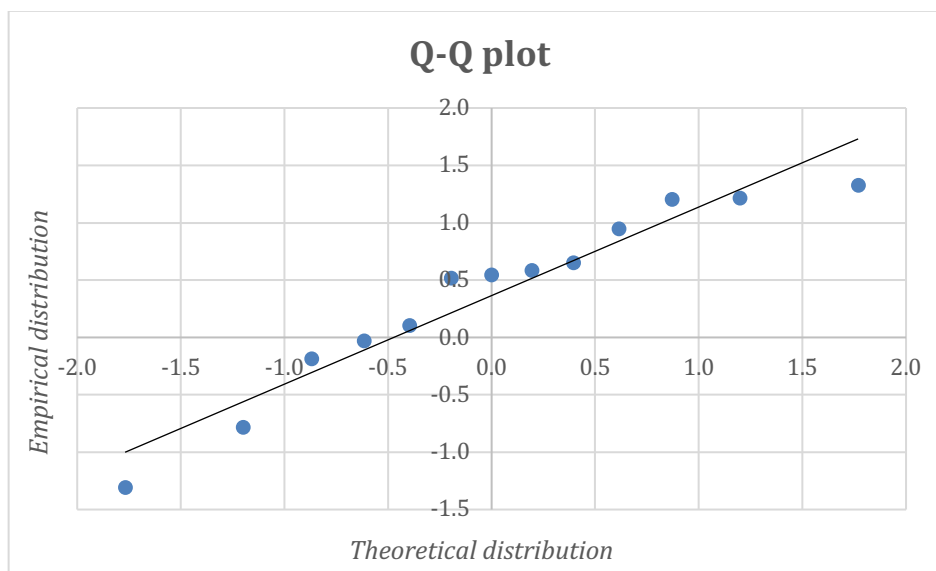
<i>Post</i>	1	2	3	4	5	6	7	8	9
<i>True/False post</i>	N	N	P	N	P	N	N	P	N
<i>Truthfulness</i>	3.33	3.60	5.76	3.79	5.37	4.20	3.36	4.89	5.80
<i>Attempted manipulation</i>	6.77	6.40	4.27	5.92	4.22	5.73	5.86	4.82	3.82
<i>Personal</i>	3.36	3.29	4.81	3.46	4.34	3.97	2.99	3.89	5.12
<i>Change in the respondent's opinion</i>	3.02	3.02	4.36	3.27	4.13	3.59	2.89	3.49	4.93
<i>Respondent's suggestions for action</i>	2.67	2.75	4.28	2.87	3.63	3.35	2.83	3.46	4.79
<i>Changing other people's minds</i>	5.60	5.62	5.92	5.70	5.52	5.70	5.40	5.53	6.12
<i>Inspiration from others' actions</i>	5.24	5.21	5.81	5.30	5.31	5.47	5.24	5.44	6.05
<i>Care</i>	4.20	4.21	5.01	4.81	5.77	4.71	4.33	4.70	5.61
<i>Good Intentions</i>	3.40	3.12	5.54	3.64	5.37	4.26	3.69	4.79	6.09
<i>Group Interests</i>	5.72	5.62	4.87	5.42	5.27	5.26	5.27	5.27	4.66
<i>Fact-based</i>	3.18	3.46	5.34	3.84	5.39	4.01	3.27	4.58	5.60
<i>Based on rumors, superstitions, or myths</i>	5.37	5.36	4.33	5.02	3.85	4.98	5.33	4.54	4.11
<i>Accountability (ability to verify/explain)</i>	3.44	3.46	4.75	3.85	5.36	4.04	3.53	4.45	5.13

Average rating of posts (the higher the value, the higher the overall level of agreement)

The greatest differences in the ratings of true and false posts are found precisely in questions of truthfulness (the difference in average values is 1.33) and attempts to manipulate posts (-1.31). This means that respondents more often label false posts as deceptive and manipulative than true posts. In other evaluation categories, the differences between true and false posts are smaller.

	<i>True: average</i>	<i>False: average</i>	<i>difference</i>
<i>Truthfulness</i>	5.34	4.01	1.33
<i>Attempt at manipulation</i>	4.44	5.75	-1.31
<i>Personal</i>	4.35	3.70	0.65
<i>Change in respondents' opinion</i>	3.99	3.45	0.54
<i>Prompts for respondent action</i>	3.79	3.21	0.58
<i>Change in other people's opinions</i>	5.66	5.69	-0.03
<i>Incitement to action by others</i>	5.52	5.42	0.10
<i>Care</i>	5.16	4.65	0.51
<i>Good Intentions</i>	5.23	4.03	1.20
<i>Group Interests</i>	5.14	5.33	-0.19
<i>Fact-based</i>	5.10	3.89	1.21
<i>Based on rumors, superstitions, or myths</i>	4.24	5.03	-0.79
<i>Accountability (ability to verify/explain)</i>	4.85	3.91	0.95

As indicated by the following Q-Q plot, the distribution of differences between the mean values of true and false posts is not entirely normal, but it approaches normality. This is evident from the distribution of values around the trend line. We compare the mean values of true and, subsequently, false posts in each row with the overall mean using a one-sample t-test.



Most of the mean values for both true and false statements differ statistically significantly from the overall mean. Posts that are actually true were statistically significantly more often identified by respondents as true, personal, potentially leading to a change in the respondent's behavior,

carefully and well-intentionedly prepared, fact-based, and of verifiable origin. Conversely, according to the respondents, such posts are statistically significantly less likely to be attempts at manipulation or to be based on rumors, superstitions, or myths. In the case of false statements, the statistical significance is exactly the opposite.

	<i>True: average</i>	<i>False: average</i>	<i>Overall average</i>
<i>Truthfulness</i>	5.34	4.01	4.45
<i>Attempts at manipulation</i>	4.44	5.75	5.32
<i>Personal</i>	4.35	3.70	3.91
<i>Change in respondent's opinion</i>	3.99	3.45	3.63
<i>Suggestions for the respondent's actions</i>	3.79	3.21	3.40
<i>Change in other people's opinions</i>	5.66	5.69	5.68
<i>Motivating others to take action</i>	5.52	5.42	5.45
<i>Care</i>	5.16	4.65	4.82
<i>Good Intentions</i>	5.23	4.03	4.43
<i>Group Interests</i>	5.14	5.33	5.26
<i>Fact-based</i>	5.10	3.89	4.30
<i>Based on rumors, superstitions, or myths</i>	4.24	5.03	4.77
<i>Accountability (ability to verify/explain)</i>	4.85	3.91	4.22

* Values in blue are statistically significantly higher than the overall average.

* Values that are statistically significantly lower than the overall average are shown in bold and italics.

Average values of individual post ratings in the rows

Attribution and the Influence of Information Sources

People's perception of a social media post is also reflected in who they consider to be the author or distributor of such a post. Respondents were therefore asked the following question for each post presented: "In your opinion, who is most likely responsible for sharing this post?" Each respondent could select multiple answers. The following options were available:

- Social media users
- Internet trolls / individuals or groups seeking to cause chaos
- Interest groups / lobbyists
- Scientists / experts
- Specialists not recognized by the mainstream scientific community
- People suffering from an illness (patients)
- Fraudsters, charlatans
- Companies or entrepreneurs seeking to profit from the sale of products
- Foreign countries, foreign services

Respondents most frequently identified ordinary social media users as the spreaders of these posts (45.2%). In the case of false news, they also very often identified so-called "internet trolls" as likely spreaders (36.7%). This is particularly noteworthy when compared to true posts, the spread of which only 20.1% of respondents attribute to "trolls." The situation is the opposite when it comes to scientists and experts. Respondents identified them significantly more often as spreaders of true posts (28.1%) than of false ones (17.6%). There is also a marked difference in the case of fraudsters and charlatans. 24.1% of respondents identified them as spreaders of false news, while only 15.3% of respondents selected them as spreaders of true news. A clear difference in the perception of the authors of true and false news is evident in the healthcare sector even among the least frequently selected actors (9.2%), namely foreign countries and foreign (security) services. In the case of true posts, 5.5% of respondents selected them, while for false posts, the figure was 11.1%. It is clear that respondents are significantly more likely to identify problematic actors as the spreaders of false or disinformation-based health-related news than they are in the case of true news. True news, on the other hand, is, according to respondents, significantly more often spread by individuals with socially recognized status, particularly scientists and experts.

<i>Post</i>	1	2	3	4	5	6	7	8	9
<i>True/False post</i>	N	N	P	N	P	N	N	P	N
<i>Social media users</i>	39.6%	43.9%	49.5%	40.9%	35.2%	50.1%	48.3%	52.5%	47.1%
<i>Internet trolls / causing chaos</i>	47.4%	45.4%	20.2%	43.2%	20.6%	33.6%	32.0%	19.4%	18.6%
<i>Interest groups / lobbyists</i>	28.3%	30.5%	22.6%	29.7%	24.3%	28.0%	24.1%	28.8%	16.4%
<i>Scientists / Experts</i>	13.4%	12.2%	27.2%	17.2%	41.8%	14.8%	10.4%	15.3%	37.3%
<i>Specialists, unrecognized scientists</i>	12.4%	15.9%	15.6%	25.2%	18.9%	22.0%	18.1%	17.5%	17.5%
<i>People suffering from a disease (patients)</i>	9.9%	5.6%	12.9%	10.7%	16.9%	8.7%	21.3%	11.2%	20.0%
<i>Fraudsters, charlatans</i>	30.1%	26.7%	15.5%	24.1%	13.5%	21.0%	31.1%	16.9%	11.7%
<i>Profit-seeking companies or entrepreneurs</i>	21.1%	14.1%	18.9%	14.9%	14.1%	18.6%	22.5%	27.4%	8.2%
<i>Foreign countries, foreign services</i>	21.2%	15.4%	3.7%	13.5%	8.2%	6.5%	5.7%	4.5%	4.2%

Relative proportion of respondents who consider the listed entities to be disseminators of the post

We will now compare the average values of true and false posts with the overall average for each disseminator separately using one-tailed t-tests. The results show significant differences in some groups. Respondents were statistically significantly more likely to identify the disseminators of posts as internet trolls or instigators of chaos in the case of false posts. In the case of true posts, this was statistically significantly less frequent. A significant difference is also evident in the “scientists/experts” category. In the case of true posts, respondents identified the sharers with above-average frequency, whereas in the case of false posts, they did so with below-average frequency.

	<i>True:</i> <i>average</i>	<i>False:</i> <i>average</i>	<i>Overall</i> <i>average</i>
<i>Social media users</i>	45.7%	45.0%	45.2%
<i>Internet trolls / causing chaos</i>	20.1%	36.7%	31.2%
<i>Interest groups / lobbyists</i>	25.2%	26.2%	25.8%
<i>Scientists / Experts</i>	28.1%	17.6%	21.1%
<i>Specialists (non-recognized scientists)</i>	17.3%	18.5%	18.1%
<i>People suffering from an illness (patients)</i>	13.6%	12.7%	13.0%
<i>Fraudsters, charlatans</i>	15.3%	24.1%	21.2%
<i>Profit-driven companies or entrepreneurs</i>	20.1%	16.6%	17.8%
<i>Foreign countries, foreign services</i>	5.5%	11.1%	9.2%

* Values in blue are statistically significantly higher than the overall average.

* Values in bold and italics are statistically significantly lower than the overall average.

Average Values for Individual Presumed Shareholders of the Post

According to respondents, scammers and charlatans were the sources of posts significantly more often than the overall average for this option in the case of false posts. In the case of true posts, however, this was statistically significantly less common. Foreign states and foreign services were behind the dissemination of posts at an above-average rate in the case of false news and at a below-average rate in the case of true news. Respondents thus typically attribute the dissemination of false posts to negative actors, while attributing the dissemination of true posts to positive ones. However, when it comes to sharing posts, they do not perceive differences in financial interests between true and false posts, as evidenced by statistically insignificant differences in the response “Interest groups/lobbyists” and from the statistically significant difference observed only for truthful posts in the response “Profit-seeking companies or entrepreneurs.”



Interaction Analysis: Netnography

Each participant could interact with any number of posts. Available interactions included: liking (marking as favorite), disliking (marking as not favorite), sharing, reporting, and commenting. However, it was not possible to both like and dislike a single post at the same time. Participants could, for example, share a post, like it, and report it. The only restriction was the minimum number of interactions a participant had to perform: 4 likes/dislikes, 3 shares, 2 comments; reporting posts was not mandatory.

It is clear that the true posts received a significantly higher proportion of likes, i.e., positive reactions. Post No. 3 was even liked by more than half of the respondents (51.2%). For clarity, we note that the respondents did not know which posts were true and which were not. The exception is Post No. 8, which was liked by only about one-third of respondents (30.8%). Even in this case, however, the “like” rate is relatively high. A similar situation is observed in the distribution of post shares. Among the true statements, the share rate is again lower for Post No. 8. Among the false posts, the ninth post also recorded a higher rate of both sharing and liking. In the case of dislikes, the situation is the opposite. The lowest rate of dislikes was recorded for true posts and post No. 9, while post No. 2 had the highest rate (61.2%). Respondents most frequently reported post No. 1; however, the reporting rate for false posts is very similar, at around 20%. Post No. 9 is again the exception. The reporting rate was lowest for true posts. Respondents commented primarily on the first post. The fewest people commented on posts No. 4, 5, and 7, and they did so at nearly the same rate—almost exactly one-third of respondents commented on them. Although the wording of the comments cannot be quantified, it holds significant informational value for the analysis. It reveals, in particular, the ambivalence in the perception of the posts and the ambiguity regarding their nature as disinformation. For example, one response to the first post read: “It definitely helps.” We also noted the following comment on the same post: “That’s nonsense; the effectiveness of vaccines has been proven.” And thirdly: “I don’t know what to think about this.” The text posts thus highlight the complexity of how the same text is perceived. Subjectively, we perceive only one possible meaning of the post. However, as the comments show, people can perceive it positively, negatively, or neutrally.

		likes	shares	dislikes	report	comments
Post 1	<i>N</i>	318	156	368	186	367
	<i>%</i>	39.0%	19.1%	45.1%	22.8%	45.0%
Post 2	<i>N</i>	174	126	499	172	294
	<i>%</i>	21.3%	15.4%	61.2%	21.1%	36.0%
Post 3	<i>N</i>	418	303	224	53	337
	<i>%</i>	51.2%	37.1%	27.5%	6.5%	41.3%
Post 4	<i>N</i>	210	197	413	163	269
	<i>%</i>	25.7%	24.1%	50.6%	20.0%	33.0%
Post 5	<i>N</i>	377	327	179	75	271
	<i>%</i>	46.2%	40.1%	21.9%	9.2%	33.2%
Post 6	<i>N</i>	279	266	271	106	311
	<i>%</i>	34.2%	32.6%	33.2%	13.0%	38.1%
Post 7	<i>N</i>	185	187	279	182	272
	<i>%</i>	22.7%	22.9%	34.2%	22.3%	33.3%
Post 8	<i>N</i>	251	233	221	79	295
	<i>%</i>	30.8%	28.6%	27.1%	9.7%	36.2%
Post 9	<i>N</i>	331	375	117	94	350
	<i>%</i>	40.6%	46.0%	14.3%	11.5%	42.9%

Interaction with posts; whole numbers and relative percentages of respondents; true statements are highlighted in blue

		likes	shares	dislikes	reports	comments
True	<i>N</i>	349	288	208	69	301
	<i>%</i>	43%	35%	25%	8%	37%
False	<i>N</i>	250	218	325	151	311
	<i>%</i>	31%	27%	40%	18%	38%

Interaction with posts; average values for true and false posts

Conclusions and Interpretation

The Slovak survey showed that respondents are able to distinguish between true and false health-related posts with some success, although their confidence is rather average and their ratings often hover around the middle of the scale. The average rating of true online posts as credible/true was 5.34 (on a scale from 0 to 10), while false posts scored 4.01. The greatest difference was evident in the perception of manipulateness: false posts were considered manipulative with an average rating of 5.75, while true posts scored 4.44. A notable exception was false post No. 9, which claimed that “coughing can alleviate the effects of a heart attack”—it was mistakenly rated as true (5.80), and people rated it as the least manipulative of all the false posts (3.82). Conversely, true post No. 8 was rated rather skeptically (truthfulness score of only 4.89).

As for sources of information and their attribution, respondents most frequently identified internet trolls and chaos-mongers (36.7%) and scammers or charlatans (24.1%) as the spreaders of false posts. Conversely, truthful posts were primarily associated with scientists and experts (28.1% compared to 17.6% for false posts). Foreign countries and their security services were considered to be the sources of false news twice as often (11.1%) as they were for truthful news (5.5%). Overall, Slovak respondents most frequently cited a doctor as their general source of health information (596 cases). The results confirmed that the public tends to attribute the spread of disinformation to problematic actors, while associating truthful reports with authorities.

Respondents’ interactions with the posts revealed clear patterns in user reactions. True posts received an average of 43% “likes” and were shared in 35% of cases, while false posts tended to elicit negative reactions—they were more frequently “disliked” (40%) and reported (18% compared to 8% for true posts). The comment rate was comparable for both types of content (37% for truthful posts vs. 38% for false posts). A qualitative analysis of the comments revealed a high degree of ambivalence—the same post elicited completely contradictory reactions, ranging from unequivocal support to outright rejection to uncertainty.

Experience with serious health problems among respondents’ acquaintances also played a significant role. Most respondents in Slovakia (62%) knew someone (or several people) who had contracted a serious illness that doctors were unable to treat. This vicarious negative experience with the limits of medicine may create fertile ground for a greater susceptibility to accepting narratives that cast doubt on medical science.

Overall, the Slovak portion of the study confirmed that although the public possesses a basic intuition for recognizing disinformation and harmful actors, the line of perception is relatively thin and shows vulnerabilities when faced with seemingly convincing myths. These findings underscore the need to strengthen critical thinking and media literacy and to systematically promote trustworthy sources in the field of health.



Summary

This study analyzes respondents' ability to recognize and evaluate health-related disinformation in online posts within the Slovak Republic. The research sample consisted of 816 completed questionnaires (collected from 777 unique respondents), which included demographic data, sources of health information, experiences with serious health problems in their community, and interactions with nine different online posts (3 true, 6 false). Each post was evaluated according to 13 dimensions of misinformation, including truthfulness, manipulateness, and source credibility. Respondents also identified the likely disseminators of individual posts and interacted with them through likes, dislikes, shares, reports, and comments. The aim of the study was to determine how effectively the public can identify and reject disinformation, and to identify key factors that influence the perception and spread of such content.

The research showed that respondents are able to distinguish between true and false health-related posts with some success, even though their certainty remains around the midpoint. The average rating of true online posts as credible/truthful was 5.34 (on a scale of 0 to 10), while false posts scored 4.01. The greatest difference was observed in the perception of manipulateness: false posts were rated as manipulative with an average score of 5.75, while true posts were rated as such only at 4.44. Notable exceptions occurred—specifically, a false post claiming that “coughing can reduce the impact of a heart attack” was mistakenly rated as true (5.80) and less manipulative (3.82), while a true post (post 8) was viewed more skeptically (truthfulness of 4.89), highlighting weaknesses in recognizing even seemingly credible disinformation.

As for sources of information, respondents most frequently identified internet trolls and chaos-mongers (36.7%) as well as scammers or charlatans (24.1%) as the spreaders of false posts. In contrast, true posts were primarily associated with scientists and experts (28.1% compared to 17.6% for false posts). Foreign states and their intelligence services were considered to be the sources of false messages twice as often (11.1%) as true ones (5.5%). Overall, physicians were identified as the primary source of health information (596 cases). These results suggest that the public tends to view problematic actors as the sources of false messages, while attributing truthful information to recognized authorities.

Respondents' interactions with the posts revealed clear patterns. True posts received an average of 43% of the “likes” and were shared in 35% of cases, while false posts were more frequently “disliked” (40%) and reported (18% compared to 8% for true posts). Comments on individual posts



demonstrated high ambivalence in perception—the same post often received completely contradictory reactions, ranging from support to outright rejection and uncertainty.

Experiences with serious health problems among respondents' acquaintances also played a significant role. A majority of the respondents (62%) knew someone (or multiple people) who had contracted a serious illness that doctors were unable to treat. These respondents may have been more susceptible to accepting narratives that cast doubt on medical science, underscoring the importance of public education and critical thinking regarding health information.

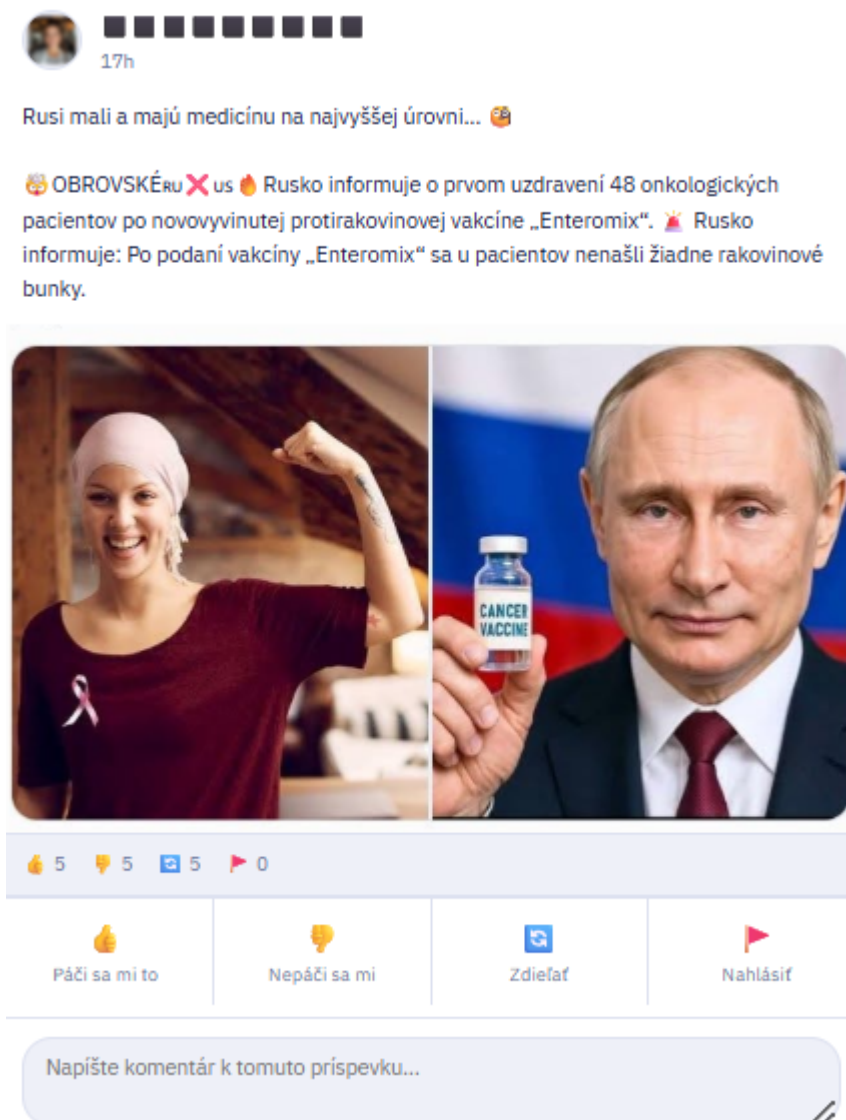
Overall, the Slovak portion of the study showed that although the public has a basic ability to recognize misinformation and problematic actors, there are significant gaps that can be exploited. It is therefore essential to strengthen education in the critical evaluation of information and to promote responsible content sharing so that society is better protected against the spread of false and potentially dangerous messages.



Appendix: Research Tool

Posts Used in the Respondent Survey

Post 1:



Post 2:



17h

Ľuďom je také ťažké uveriť, že niekto na tomto svete je schopný nám niečo také robiť. Ľuďí, ktorí o tom hovoria, radšej považujú za idiotov, než aby sami objavili pravdu a usilovali sa o zmenu toho, čo sa deje.




World Health Organization

David T. Carr

7. januára o 17:40 ·

Počas Eugenické rady WHO v roku 2009 Henry Kissinger povedal:
„Keď stádo prijme povinné očkovanie, hra sa skončí!
Prijmú všetko – povinné darovanie krvi alebo orgánov –
pre „dobro všetkých“.
Môžeme geneticky modifikovať deti a sterilizovať ich pre
„spoločné dobro“. Ovládaj mysle oviec a ovládaš stádo.
Výrobcovia vakcín zarobia miliardy a mnohí z vás v tejto
miestnosti sú dnes investormi.
Je to výhra pre obe strany! Preriedime stádo a ešte sa nám to
oplatí ako služby ničenia.“

5

5

5

0

Páči sa mi to

Nepáči sa mi

Zdieľať

Nahlásiť

Napište komentár k tomuto príspevku...

Post 3:



Post 4:

17h

⚡ Šokujúce štúdie spájajúce vakcíny proti COVID-19 s rakovinou boli „cenzurované“ tajomným kybernetickým útokom.

Začiatkom tohto mesiaca bol zverejnený globálny prehľad hlásených prípadov rakoviny po očkovaní proti COVID-19, ale v tom istom čase sa lekársky časopis, ktorý ho publikoval, stal obeťou kybernetického útoku, v dôsledku ktorého bola stránka vypnutá.

Štúdia vyšla 3. januára v recenzovanom časopise Oncotarget a jej autormi boli vedci zaoberajúci sa výskumom rakoviny z Tufts University v Bostone a Brown University na Rhode Islande.

V prehľade vedci analyzovali 69 predtým publikovaných štúdií a kazuistík z celého sveta a identifikovali 333 prípadov, v ktorých bola rakovina novo diagnostikovaná alebo sa prudko zhoršila v priebehu niekoľkých týždňov po očkovaní proti COVID-19. Prehľad zahŕňal štúdie z rokov 2020–2025 a obsahoval správy z 27 krajín vrátane Spojených štátov, Japonska, Číny, Talianska, Španielska a Južnej Kórey. Žiadna z krajín nedominovala, čo naznačuje, že pozorované vzorce boli hlásené na celom svete.

Autori zdôraznili, že prehľad poukazuje na vzorce pozorované v existujúcich správach, ale nestanovuje priamu príčinnú súvislosť medzi očkovaním a rakovinou. Niekoľko dní po publikácii sa webová stránka Oncotarget stala nedostupnou a zobrazovala chybu „bad gateway“, ktorú časopis pripísal prebiehajúcemu kybernetickému útoku.

Časopis nahlásil incident FBI a upozornil na narušenie fungovania internetového servisu.

V príspevkoch na sociálnych sieťach jeden z autorov článku, dr. Wafik El-Deiry z Brown University, vyjadril znepokojenie, že útok narušil prístup k novo publikovanému výskumu.

„Cenzúra sa v Spojených štátoch dobre darí a vstúpila do medicíny vo veľkom, hroznom štýle“ – napísal El-Deiry v príspevku na X.

<https://www.dailymail.co.uk/.../cancer-Covid-vaccination...>



Post 5:



17h

POLSKÝ PRELOM V LIEČBE SARKÓMOV: ČO STOJÍ ZA ŠTÚDIOU EFTISARC-NEO?

Sarkómy mäkkých tkanív patria medzi najviac zanedbávané oblasti v onkológii. Predstavujú menej než jedno percento všetkých onkologických diagnóz, približne 1 500 prípadov ročne v Poľsku. Pre farmaceutický priemysel je to príliš malý trh na to, aby investoval desiatky miliónov do vývoja nových terapií. Pre pacientov to znamená nedostatok možností, keď štandardná liečba zlyhá. Roky zostával štandardom, zjednodušene povedané, chirurgický zákrok, chemoterapia založená na antracyklínoch a ifosfamide a v niektorých prípadoch rádioterapia.

👉 Hypotéza, ktorá zmenila prístup

Tím z Národného onkologického inštitútu vo Varšave pod vedením MUDr. Katarzyny Kozak a MUDr. Pawła Sobczuka položil zásadnú otázku: prečo imunoterapia, ktorá spôsobila revolúciu v liečbe melanómu, rakoviny pľúc či rakoviny obličiek, pri sarkómoch prakticky nefunguje?

Pembrolizumab v monoterapii vykazoval určitú aktivitu, ale bez spektakulárnych výsledkov známych pri iných nádoroch. Analýza literatúry a klinické pozorovania viedli k hypotéze:

bunky sarkómov vykazujú mechanizmy imunitného úniku — nízku imunogenicitu, expresiu kontrolných bodov a neúčinnú prezentáciu antigénov. Imunitný systém ich jednoducho nevidí, aj keď odblokujeme jeden receptor.

Čo keby sa namiesto jedného zásahu použili tri komplementárne mechanizmy naraz?

👉 Protokol EFTISARC-NEO: triple combo

Protokol spája tri prvky spôsobom, ktorý ešte nikdy predtým nebol pri sarkómoch testovaný:

- ♦ Pembrolizumab — protilátka blokujúca receptor PD-1 na T-lymfocytoch.

Obnovuje ich

cytotoxickú aktivitu a odblokúva prirodzenú schopnosť imunitného systému rozpoznávať nádorové bunky.

- ♦ Eftilagimod alfa — agonista receptora LAG-3. Aktivuje bunky prezentujúce antigén a

posilňuje imunitnú odpoveď. Zvyšuje počet a účinnosť „vojakov“ imunitného systému.

- ♦ Predoperačná rádioterapia — nielen priamo ničí rakovinové bunky, ale tiež vyvoláva

imunogénnu bunkovú smrť. Uvoľňuje nádorové antigény, ktoré dodatočne stimulujú imunitný systém. Vzniká synergický efekt s imunoterapiou.

Kľúčovým prvkom protokolu je načasovanie. Využíva sa obdobie čakania na operáciu, zvyčajne dva až štyri týždne po diagnóze, na aktívnu terapeutickú intervenciu. Ide o koncept „window of opportunity“ — okna príležitosti. Namiesto pasívneho čakania

na zákrok pacient dostáva kombináciu, ktorá pripravuje pôdu pre operáciu.

👉 Čo sa hľadalo a čo sa našlo?

Hlavným koncovým bodom štúdie bola patologická odpoveď. Po podaní terapie a vykonaní operácie patológ hodnotí odstránený materiál pod mikroskopom: koľko nádorových buniek prežilo? Čím menej, tým lepšia prognóza pre pacienta. Je to jeden z najlepších biomarkerov v onkológii.

Štúdia bola navrhnutá ako jednoramenná fáza II so 48 pacientmi. Všetci dostali protokol podľa predpokladov a následne podstúpili chirurgickú resekciu. Materiál hodnotili skúsení patológovia podľa štandardizovaných kritérií.

Výsledky? Patologická odpoveď v EFTISARC-NEO prevyšuje všetky doterajšie správy týkajúce sa imunoterapie pri sarkómoch. Polovica pacientov dosiahla úplnú patologickú odpoveď — nulový počet živých nádorových buniek v odstránenom tkanive. V porovnaní s doterajšími terapiami ide o prelom.

Bezpečnostný profil bol v súlade s očakávaniami pre použité terapie. Nežiaduce účinky zahŕňali najmä únavu, kožné zmeny a jednotlivé prípady endokrinologických porúch. U väčšiny pacientov žiadny z nich nespôsobil potrebu prerušiť protokol.

👉 Medzinárodná reakcia

Výsledky boli prezentované na kongresoch ESMO a CTOS — najdôležitejších podujatiach v onkológii — a reakcia vedeckej komunity bola jednoznačná: protokol si zaslúži overenie v randomizovanej štúdii.

Plánuje sa medzinárodná fáza III s účasťou viac než 200 pacientov v šiestich európskych krajinách. Randomizácia bude jedna ku jednej: rameno A dostane pembrolizumab plus eftilagimod plus rádioterapiu, rameno B štandardnú chemoterapiu plus rádioterapiu. Koncové body: prežívanie bez progresie, celkové prežívanie a kvalita života.

Ak výsledky potvrdia pozorovania z fázy II, dôsledky môžu zahŕňať registráciu pembrolizumabu v novej indikácii, prvú registráciu eftilagimodu alfa a zmenu štandardu liečby sarkómov smerom k predoperačnej imunoterapii. Potenciálne môže ísť o nový paradigmat v chirurgickej onkológii.

👉 Úloha verejného financovania

Toto všetko bolo možné vďaka Agentúre pre medicínsky výskum, ktorá projekt financovala sumou približne 8 miliónov zlotých z verejných prostriedkov. Bez tohto financovania by sa štúdia neuskutočnila.

Žiadna farmaceutická spoločnosť nepovažovala sarkómy za dostatočne atraktívny trh, ale model verejného financovania umožňuje skúmať oblasti, ktoré priemysel z ekonomických dôvodov prehliada. Sarkómy sú jedným príkladom, ale nie jediným. Mnohé zriedkavé nádory a netypické indikácie si vyžadujú práve takýto prístup. EFTISARC-NEO ukazuje, že poľská onkológia má kompetencie vykonávať výskum na najvyššej úrovni. Tím nielen navrhol a zrealizoval protokol, ale tiež koordinoval medzinárodnú spoluprácu pre fázu III. Poľsko prestáva byť iba príjemcom výsledkov cudzích štúdií a stáva sa ich spolutvorcom.

Zdroje:

- ♦ ClinicalTrials.gov: NCT06128863
- ♦ Agentúra pre medicínsky výskum: <https://abm.gov.pl/.../3182,Innowacyjna-terapia-w...>
- ♦ Prezentácie na kongresoch ESMO a CTOS



Post 6:

17h

Najväčším podvodom dietetickej idiocie je nahovoriť zaslepeným, omámeným ľuďom, že priberanie závisí od množstva skonzumovaných kalórií. Je to absurdné klamstvo, ktorému odporuje celá okolitá príroda. Žiadne zviera v prírode nepočíta kalórie, aby bolo štihle. Každé zviera sa pri každej príležitosti naje dosýta. Zje toľko, koľko je len schopné pojať — „až po okraj“.

Preto neexistujú obézne levy, hoci majú jedla dostatok. Neexistujú obézne vlky ani srny, aj keď majú potravu kam až oko dovidí, a k tomu ešte krmidlá. Neexistujú obézne veveričky, hoci si na zimu zhromažďujú oveľa viac potravy, než sú schopné zjesť. Neexistujú obézne vrabce alebo sýkorky, ktoré by ležali tučné pod krmidlom, kde je tisíckrát viac zrna, než sú schopné zjesť.

Neexistujú obézne bizóny, mývaly, rosomáky, volavky, žeriavy ani bociany, ktoré by sedeli v hniezde a nemohli odletieť kvôli obezite.

Prečo?

Pretože konzumujú potravu, pre ktorú sú ich organizmy stvorené, a nezáleží na množstve kalórií, ktoré zjedia, ale na množstve kalórií, ktoré vstrebú. A vstrebávanie v každom prírodnom organizme je regulované POTREBOU, nie ponukou.

Práve potreba energie reguluje množstvo vstrebávania tejto energie. Pokiaľ konzumujeme potravu, na ktorej jedenie sme fyziologicky prispôbení. NEEXISTUJE CHOROBA „BIELKOVINÓZA“ — pretože ľudský organizmus dokonale reguluje množstvo vstrebávaných živočíšnych bielkovín a v krvi nikdy nevzniká choroboplodný nadbytok bielkovín.

NEEXISTUJE CHOROBA „TUKÓZA“ — pretože ľudský organizmus dokonale reguluje množstvo vstrebávaného živočíšneho tuku a v krvi nikdy nevzniká choroboplodný nadbytok tukov.

EXISTUJE CHOROBA CUKROVKA — pretože ľudský organizmus nemá schopnosť obmedzovať vstrebávanie sacharidov a po takom jedle v krvi stúpa hladina glukózy, inzulínu a dochádza k narušeniu hladín mnohých hormónov, čo VŽDY vo výsledku vedie ku glykácii, degenerácii a chorobám.

Zdravý tráviaci systém človeka, ktorý sa stravuje ľudským spôsobom — bez účasti rastlín — NIKDY NESPOSOBÍ OBEZITU. Neexistuje taká fyziologická možnosť. Neexistuje dokonca ani mechanizmus premeny skonzumovaného tuku na nadmerné tukové tkanivo.

Zdravo, teda bezrastlinne, sa stravujúci človek NIKDY NEBUDE OBÉZNY, pokiaľ má funkčný, nedysfunkčný tráviaci systém.

Rovnako ako všetky zvieratá žijúce v prírode.

Pozdravujem pri konzumácii 5000 až 5800 kcal denne už 4 roky



Najväčším podvodom diétnej idiocie je nahovoriť zaslepeným ľuďom, že musia počítať kalórie, aby nepribrali. Je to absurdné klamstvo, ktorému odporuje celá príroda. Žiadne zviera nepočíta kalórie, aby bolo štíhle.

👍 5 🗨️ 5 📷 5 🚩 0

 Páči sa mi to  Nepáči sa mi  Zdieľať  Nahlásiť

Napište komentár k tomuto príspevku...

Post 7:



17h

„Opíšem vám náš príbeh s amanitou. Moja svokra, 73 rokov, pred 4 rokmi ochorela na leukémiu. V Poľsku sa leukémia lieči iba chemoterapiou; do určitého momentu sa nič nerobí, len čakajú, kým výsledky prekročia príslušnú hranicu. Mojej svokre chýbalo k tejto hranici veľmi málo. Ani jedna z nás nechcela, aby brala chemoterapiu. V tom čase som ešte o amanite nevedela. Ale veľa som čítala o alternatívnych metódach liečby a išli sme do CBD olejov. Užívala tento 30 % olej a krvné výsledky ukazovali, že leukémia nerastie, ale trochu, pomaly klesá.

V decembri 2022 diagnostikovali svokre rakovinu prsníka a lymfóm. Už nejaký čas som sa veľmi intenzívne zaujímal o alternatívne metódy liečby, pretože môj syn mal povakcinačné neurologické poruchy. Už som od niekoľkých známych vedela, že amanita funguje, ale nemohla som svokre povedať, že jej podám muchotrávkú červenú, pretože by to v živote nevzala.

Nejako sa stalo, že som natrafila na Mateusza z kanála Amanita Muscaria Červené Klobúky, od ktorého som dostala jeho zásobu amanity. Klobúky som pomlela v mlynčeku, kúpila prázdne kapsuly a naplnila ich amanitou. Kapsuly som dala do obalu po doplnku stravy môjho syna.

Moja svokra nikdy nemala rada lieky; keď som jej hovorila o doplnkoch, fukala si na čelo.

Tentoraz však už bola taká vystrašená, že bez reči prehltala kapsuly 2-krát denne počas 2 mesiacov. K tomu som jej kúpila mladý zelený jačmeň a chlorellu, typicky na detoxikáciu organizmu.

A teraz pozor! V máji mala vyšetrenia u onkológa a hematológa a všetky výsledky ukázali, že už tam nič nie je!!! Vyšetrovali ju dvakrát, pretože si mysleli, že ide o chybu prístroja alebo laboratória. Tretíkrát išla sama na ďalšie vyšetrenia, pretože tomu neverila. Leukémia, rakovina aj lymfóm zmizli!!! Za dva mesiace!! Dva!

Obaja lekári povedali, že nevedia, ako sa to stalo, že je to zázrak a že sa má tešiť.

Svokra hovorila hematológovi, že užívala doplnky, ale on odpovedal iba, že to určite nebolo tým, pretože jeho o tom neučili.

V každom prípade o tom píšem, pretože možno je niekto v núdzi a rozmýšľa, váha, nie je si istý. Ja pevne verím, že to bola amanita, ktorá postavila moju svokru na nohy, a že keby nebola amanity, pravdepodobne by skončila v drevenej debne. Hoci ona stále nevie, čo som jej do tých kapsúl dala.“

— Marta

Zdroj:

— Martin komentár zo skupiny Amanity na Telegramu

#ToSkarb <https://t.me/AmanitaMuscariaCzerwoneKapelusze/11148> Kniha Amanita Muscaria PDF na stiahnutie — preložená do poľštiny

<https://t.me/AmanitaMuscaria40i4/50> Mikrodávkovanie amanity zlepšuje činnosť šišinky, ktorej práca je kľúčom k dosiahnutiu plného zdravia a vedomia. Zlepši teda svoju myseľ a šišinku a regeneruj ju pomocou kombinácie amanity a korálovca ježovitého, dostupnej v kapsulách.

Osobný kontakt:

@AmanitaMuscaria8888 Stránka 📄 Telegram <https://t.me/AmanitaMuscaria40i4>

Skupina 📄 Amanitová skupina ľudí, ktorí sa odvážili Vedieť a žiť život a zdravie

naplno. 📄 📄 Pozor! Môžu nakaziť pozitívnu energiou, vedomosťami a nádhernými skúsenosťami. 📄 📄 📄 📄 <https://t.me/AmanitaMuscariaCzerwoneKapelusze>

#AmanitaMuscariaLiečiViacNež200Chorôb

#ObjavSiluPrírody #BudZdravýLeboVZdravomTeleJeZdravýDUCH #ŠírimVedomosti

#ObjavujemePravdu #KráľovnáZdraviaAmanita #MikrodávkovanieAM

#MenímeSvetNaZdravý

MUCHOMŮRKY ČERVENÉ



Vedomie 44

v mikrodávkach pre zdravie;



Ministerstvo
zdravotníctva

- Dodávajú energiu, posilňujú telo a zostrujú zmysly.
- Zlepšujú kondíciu a psychickú pohodu.
- Jemne uvoľňujú a zvyšujú výkonnosť. Umožňujú byť aktívnym bez nervozity a uvoľneným bez lenivosti.
- Spúšťajú samoliečebné procesy organizmu.
- Vďaka bohatstvu na vitamín D posilňujú imunitu a chránia pred depresiou.
- Uvoľňujú emocionálne blokády uviaznuté v tele.
- Odstraňujú strachy.
- Zvracajú procesy starnutia mozgu – potvrdené vedeckými štúdiami.
- Rozjasňujú myšlienky.
- Diskrétne, elegantne a s gráciou prebúdzajú DUCHA a rozširujú vedomie.
- Navracajú prvotnú radosť. Dokážu spôsobiť, že život znovu nadobudne farby a pôvab.

👍 5 🗨️ 5 📄 5 🚩 0



Páči sa mi to



Nepáči sa mi



Zdieľať



Nahlásiť

Napište komentár k tomuto príspevku...

Post 8:

 17h

Na internete sú fanatici keto diéty, ale ja som bol a stále som verný — takmer fanaticky — stredomorskej diéte. Ak by niekto chcel mať zostavený jedálniček takejto diéty na celý mesiac a zároveň možnosť konzultácie s dietetikom, odporúčam kliknúť na odkaz:
<https://vitalia.pl/dieta-doktora-michala.html?drmichal=1> Túto diétu sme spoločne so špecialistami pripravovali niekoľko mesiacov.
 Dobrú chuť! 🍴👨‍⚕️ #autopropagácia #dietadoktoramichała



👍 5 🍷 5 🗨️ 5 🚩 0

 Páči sa mi to
  Nepáči sa mi
  Zdieľať
  Nahlásiť

Napište komentár k tomuto príspevku...

Post 9:



17h

AKO PREŽIŤ INFARKT, KEĎ STE SAMI?

Keďže mnoho ľudí prežíva infarkt bez pomoci, je dobré vedieť, že osoba, ktorej srdce bije nepravidelne, má závraty, cíti sa vyčerpaná a má k dispozícii asi 10 sekúnd, kým stratí vedomie.

Avšak človek si môže pomôcť a predĺžiť tento čas pomocou dýchania a kašľa, ktoré by sa mali opakovať nepretržite každé 2 sekundy, kým nepríde pomoc, alebo kým nepocíti, že srdce opäť bije normálne. Pomôcť si možno hlbokým, energickým a neustále sa opakujúcim kašľom. Pred každým zakašľaním treba urobiť hlboký nádych a kašľať tak, akoby ste chceli vykašľať hlien hlboko z pľúc.

Hlboký nádych privádza kyslík do pľúc a pohyb spojený s kašľom stláča srdce a udržiava krvný obeh. Tlak spôsobený takýmto stláčaním srdca sa môže vrátiť do normálu. Takýmto spôsobom môžu obeť infarktu dokonca dôjsť do nemocnice. Povedzte o tom čo najväčšiemu počtu ľudí. Podľa kardiológa, ak každý, kto uvidí tento príspevok, ho zdieľa s 10 ľuďmi, budete si istí, že zachránite aspoň jeden život... Namiesto zdieľania iba vtipov vás prosím, aby ste zdieľali túto informáciu, ktorá môže niektorým ľuďom zachrániť život.



👍 5 🗨️ 5 🔄 5 🚩 0

👍
Páči sa mi to

🗨️
Nepáči sa mi

🔄
Zdieľať

🚩
Nahlásiť

Napište komentár k tomuto príspevku...

This report is part of an international project funded by the European Union (Action No. 101158609) and co-funded by the Polish Ministry of Science and Higher Education under the program titled “Co-funded International Projects” for the years 2024–2026 (Contract No. 6054/DIGITAL/2024/2025/2). However, the views and opinions expressed are solely those of the authors and do not necessarily reflect the views of the European Union, the European Executive Agency for Health and Digitalization (HaDEA), or the Polish Ministry of Science and Higher Education. Neither the European Union, nor the European Executive Agency for Health and Digitalization (HaDEA), nor the Polish Ministry of Science and Higher Education assumes any responsibility for them.



**Funded by
the European Union**



This project has received funding from the European Union under the DIGITAL-2023-DEPLOY-04 program. Contract number: 2020-EU-IA-0267