

VAXX & VIRUS

Recovery



Expert Protocols to Heal Your Body
After COVID and the Toxic Jab

Vaxx & Virus Recovery: Expert Protocols to Heal Your Body After COVID and the Toxic Jab

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Introduction

Even though we know a lot of our fear stems from the media's misinformation and manipulated data, finding out that you're positive for COVID can be extremely distressing. And during the so-called pandemic, many people died because they were given the wrong treatments. Especially in hospitals.

But the great news is that there are so many protocols that can help dramatically reduce your risk of getting seriously ill and even hospitalized with COVID. Many people are also struggling with symptoms of long-haul COVID. And many feel hopeless and believe that they just need to deal with these symptoms until they hopefully, eventually subside.

The same treatments that have proven to be effective for COVID are also making a huge difference for those struggling with long-haul. Additionally, these treatments are also highly effective for anyone who has received the deadly jab or who has been exposed to others who have through the shedding of the spike protein.

What's more, is that these are safe and proven protocols that numerous experts are using, including our natural medicine doctors and medical doctors. They are addressing the effects of COVID and the deadly vaxx by both strengthening your body's natural

defenses and addressing the mechanism of harm that COVID and the jab cause in your body.

In this eBook, we'll be sharing all of the tools you need to protect yourself from the serious illness COVID may cause and from vaxx shedding and we'll also share what you can do to treat COVID, long COVID, and vaxx injuries.

Understanding the Stigma and Misinformation Surrounding COVID & Vaxx Dangers

Dr. Bryan Ardis

It's been a great awakening in this sense, by the way, 'cause it's been phenomenal to sit and talk with Peter McCullough and even in interviews, I've gone like this, "You know, you and I don't agree on this. We don't agree that all vaccines are safe, I don't, I don't trust any of them. You do. And I asked him to talk to my audience about this. I was like, I want you to let everybody know that you actually get all of your vaccines. In fact, just 3 weeks ago, from this date we're filming this, he got his updated flu shot for his hospital access. He's been getting a vaccine the whole time. It's just this one, he has a problem with and I'm okay with that. I even told him, I said, "Look, the fact that you're okay with all vaccines, even up until now, except for this one, makes me love you even more. I want you to speak to my audience about why it is you're okay with all vaccines, but this one." That should be eye-opening to some people.

Most of the world's okay with vaccines. I haven't been okay with vaccines for over 20 years. Peter McCullough has been okay with vaccines this whole time, except for this one, this cardiologist epidemiologist, all of a sudden has a big problem with these vaccines, and how great he's taking a stand to educate as many people as possible on his concerns over this one. I love it. I love it. I love all of it.

Jonathan Otto:

I'm sure he will reconsider it at some point.

Dr. Bryan Ardis:

At some point. In fact, at any time he brings up flu shots at any events I'm in, everyone is peering at me. I can feel it because they know my stance on vaccines, but that's not the issue. The issue is, there has never been ever as dangerous and unproven of a vaccine or tested ever in history more than these COVID-19 quasi vaccines. I wouldn't even call them vaccines. They've never been tested on humans before. This is not okay. They have not been proven safe and effective and they're not.

Jonathan Otto:

Yeah. Well, the people behind the curtain have not proven themselves trustworthy at all. So, anything that gets injected into me is a little bit concerning considering that we talked about Moderna changing the proprietary ingredient, the patented proprietary ingredients. And so, we don't even know what's going into us, meaning that we know that even with thimerosal, mercury, it can be added and subtracted from other vaccines without our knowledge. And that's part of the process which is shocking for even me to realize that. I thought it was out of all vaccines practically. So, the thing that maybe Dr. McCullough will reconsider will be, what if we have a low uptake on the COVID-19 vaccine and they're not getting it, but then they're getting all their other shots and then wouldn't that make him and others a little bit concerned that what if they change up the flu shot to make it a SARS-CoV-2 spike for mRNA vaccine. What if they do that?

Dr. Bryan Ardis:

Yeah, it very well could be. What is Moderna asking for right now? They're asking for an approval on an mRNA flu shot. And a mRNA flu shot COVID-19 combo for kids. They're asking for that right now from the FDA. Moderna's never made one before by the way, a flu shot or a shot of any kind before they were awarded the COVID-19 shot. They never even made a drug before.

Jonathan Otto:

And then Novavax it's like, for all the hesitant people that aren't willing to get it, we'll just create another vaccine that will use some other technology slightly and prove to hopefully be a little bit better or a lot better apparently. We'll call it the Novavax, the new vax, which is the what Nova means in Spanish, Nova, right?

Dr. Bryan Ardis:

So, my recommendation to all people from here on out for those of you who are gonna continue to be approached by your medical professionals, if you still trust that medical profession even beyond COVID, things would be a lot people are questioning everything, hopefully. But if you want to be open to understanding exactly what's going into your body and that's important to you, anytime anybody ever tells you in the future, you should get a vaccine. Why don't you ask that medical doctor to tell you what's in it first? Just look at them, "Well, can you tell me what's in the shot before you inject it into me?" I guarantee you none of them can tell you. Some of them can pull out the fact sheets and read off the ingredients to you.

Every patient has always asked me, we'll get to Dr. McCullough one day because he is my buddy. We're gonna get to him. We're gonna get to him. People for 20 years have

asked me, "Dr. Ardis, should I get the flu shot?" And I'd go like this. "Well, why would you get the flu shot?" And they would go "Well, because my doctor told me I needed to." And I'd go, "Well, why did he tell you should get one?" And they'd go "Because they said 30,000 people died of the flu last year." And I'd go, "Who said that?" "My doctor said that." And I said, "Well, who told him that?" And they'd go, "Well, that's what the news is saying." And I'd go, "Well, where did the news get that information?" "I don't know. They got it from the CDC." The CDC gives out the data to the media to tell you every year how many people died last year of the flu so you can get your flu shot. And then I'd look at them and I'd go like this, "Well, did 30,000 people die from the flu last year? If this is the reasoning why you should get the flu, did 30,000 people die from the flu last year?" And they'd go, "Well, that's what my doctor said."

And I'd go, "But is it true?" They'd go, "I don't know Dr. Ardis." And then I would hand them the 170 plus page morbidity and mortality report that had 2 tabs on it. And in this morbidity and mortality report, it is the reason why everyone in America dies and it's compiled into a report each year by the CDC. Right now they're just published weekly reports so you can add them all up to 52 of them and get your own annual report. But up until 2009, they used to do an annual report.

And I used to make every patient that was told to get a flu shot to open that actual report. In the beginning of the morbidity and mortality weekly reports and annual report, they actually put categories of diseases and then give you a lump sum number of how many people died. The CDC does this. So for example, each year they would have, in the beginning of the report, they would have respiratory diseases like ARDS or pneumonia or RSV and the flu. And they would give you a whole number. And that number would be somewhere between 30 and 60,000. And then you would go farther into the report and there was just one page that would have influenza A and B actually designated with the numbers of Americans who died. And then it would have pneumonia, how many people died, how many died from ARDS, how many died from RSV.

And I would have them flip that open and when you got to the flu, I personally never saw and nor did anybody else ever see more than 250 people died of the flu the year before on the CDC's report, but there was always tens of thousands that died from pneumonia. And so when the patients would see the data, I would look at them like this I'd go, "So how many people died of the flu last year per the CDC?" And they'd go, "Only 200 and something." And I'd go, "Right, what did they tell you in the media?" "30,000." "What did your doctor tell you?" 30,000, 40,000, 50,000, whatever it was, and I'd go, "Well, what did they actually die of, those 30,000?" And they'd go, "Oh, pneumonia." And I'd go.

"Great. So if there was 1 of these 2, the flu or pneumonia shots that you should consider getting every year, which one would it be?"

And they would go, "Pneumonia." And I'd go "Well, after seeing these numbers, do you feel like you need a flu shot?" And they'd go, "No." "Do you feel like you've been lied to?" And they'd go, "Yes." And I'd go, "The CDC is lying to you. They're actually skewing data, misrepresenting data, lying to you, trying to scare you that more people are dying of the flu than really are dying for the flu so you'll buy into their shots and you never need it in the first place." And then I would look at them and I would say this, and McCullough's gonna get this one day, maybe he'll watch this. And then I would look at him and say, "Is there a reason why you should get the flu? There's only one good reason I can think of." And I would look at them and go-

Jonathan Otto:

Get the flu or the flu shot?

Dr. Bryan Ardis:

They get the flu shot. There's only one good reason to get the flu shot. And then I would look at him and I'd go, "Do you love your wife?" And they'd go, "Yes." And I'd go, "Do you like your wife?" "Yes." "Do you like your children?" "Yes." "Do you like your home?" "Yes." "Do you like your career?" "Yes." "Do you like traveling?" "Yes."

And then I would look at him and I would say, "The only reason why I would ever recommend a flu shot to anybody is if they didn't love their life, they didn't love their wife, they didn't love their kids. They didn't love living, the experience of living and they wanted to forget all of it, because flu shots and the aluminum inside of them directly is attributing to the early onset of dementia and Alzheimer's epidemic inside of this country here in America. So if you wanna forget who you love, you wanna forget who you even are, you wanna forget the face of everybody you've ever loved, continue to get a flu shot every year. The ingredients inside those shots are designed to go through the blood-brain barrier, damage neurons inside the brain that affect memory, recall, movement, you name it. So those are the only reasons why I would recommend the flu shot."

And speaking from experience with my own grandfather, any of you that have ever experienced and developed annually or every other year pancreatitis and end up in a hospital on morphine and Zofran to try to manage the nausea from the morphine drip and treatment, you need to all look at your history and think back and see, do I develop these pancreatic symptoms and pain, ended up in the hospital during the fall and winter months? The flu shots are only given between August and November every year. And if

you're ending up in a hospital with pancreatitis, that is a known side effect from the chemicals inside the flu shot. So damaging the pancreas leads to diabetes by the way, over time, or can lead to pancreatic cancer. Anything that traumatizes the cells of the pancreas can lead to inability to balance blood sugar or lead to disease processes like pancreatic cancer.

So I do not recommend vaccines. I do not find them helpful. My own grandfather ended up in a hospital like 6 out of 8 years in a row in October, November of each year not knowing why he is developing just debilitating pain called pancreatitis only to find out when I went and actually evaluated him in a hospital in new Orleans, found out that it was actually mercury poisoning from a flu shot, but that happened to be in the like 6th time he ended up in the hospital out of 8 years. So I just told him, we're gonna detox this out of you. And then we're gonna recommend you don't ever do a flu shot again. And he never has, and he's never ended up in the hospital again or had pancreatitis. There are side effects to the shots, unfortunately, but this idea that the CDC currently is manipulating data to actually get you the mass society here in America to buy into their shot campaign isn't anything new.

I've been aware of it for the last 20 years, simply around the flu shots. So they have manipulated data, taken data, compilation data of multiple disease states like pneumonia, RSV, ARDS, and influenza, and called those simply influenza numbers and they never were. They were more representative of pneumonia numbers. This is not new, but the CDC's doing it again. They are doing it a lot, actually. CDC in March of 2020, actually filed papers with every hospital in this country and said, "If you will just give us a COVID-19 diagnosis, even if they test negative for the PCR test, and if they test positive for the flu and negative for pneumonia or maybe they test positive for pneumonia and negative for the flu and do not test for the PCR test, the CDC actually offered all hospitals a bribe, an incentive of a 20% bonus addition if they would just write down a COVID-19 diagnosis instead of the accurate diagnosis of the flu or pneumonia. So this is just something the CDC's done for years to actually sell you their vaccines which is what their goal is.

Early Treatments

Dr. Bryan Ardis

I will also tell you that in the emergency use authorization they do state that, because this is gonna be pumped into the veins of children and newborns, if there's any serious adverse events, which include death, by the way, as one of its listed serious adverse events, the actual healthcare provider, within 7 calendar days of the worsening illness

with Remdesivir or death caused by Remdesivir, the healthcare provider is supposed to fill out a form, it's called the FDA 3500 form within 7 calendar days, not business days, 7 calendar days. They are supposed to report all serious adverse events in children using Remdesivir to the FDA. And every single healthcare provider should be held accountable if they're not doing it, because these are rules underneath this emergency use authorization. So, please be aware that's the case.

Now, they also state that they're preparing in this EUA to let you know that there's no data that shows risks to pregnant women being given Remdesivir. Now, this is a play to start getting you introduced to the idea that pregnant women can be treated with this. If you look at the animal studies on the emergency use authorization, it actually shows that when animals who are pregnant are given Remdesivir, there are birth defects and stillbirths. Many of them as a reaction to the poisoning from Remdesivir. So, the fact that they know in animal trials it causes these disturbing outcomes of pregnancies, I would never encourage any pregnant woman to consider giving themselves Remdesivir as a treatment with COVID-19. In fact, I would avoid all clinics if you get sick while pregnant, follow early treatment guidelines, and find someone via telemedicine. And then I would always encourage you to put together an advanced directive for anyone who is pregnant, is gonna be giving birth in a hospital in America, please get a advanced medical directive written up and signed and notarized that states you do not consent to having your baby taken from you in the hospital and being cotton swabbed for a PCR test at birth, and you do not consent to them PCR testing them nor do you consent ever to having them give Remdesivir into your beautiful baby's veins.

This is an incredibly toxic, dangerous drug. It was actually reported in October of 2021 by the Cardiovascular Toxicology Journal that Remdesivir is more cardiotoxic than any published effects of chloroquine and hydroxychloroquine's cardiotoxic effects. They said it's far worse than chloroquine or hydroxychloroquine, Remdesivir's heart effects and that it has led to cardiac arrest and complete heart block, which means the nerves can't signal to the heart to beat anymore. So, this is what they're reporting in the Cardiovascular Toxicology Journal.

The problem with this declaration and publication is, in May of 2020, Anthony Fauci said, "No one in America, no doctor can prescribe nor can individuals use hydroxychloroquine with treating COVID-19 infection." He said, in May of 2020, that there was an international study done on hydroxychloroquine and that they found hydroxychloroquine caused diseases of the heart or heart conditions that increased the risk of death in COVID-19 patients, only to find out later that that was a fraudulent study in which patients were given 10 to 12 times the actual legal prescription dose of hydroxychloroquine, which when overdosing on hydroxychloroquine, can cause heart

failure, and it does. But they actually produced a fraudulent, in my opinion, murderous actual study just to get the conclusion Anthony Fauci wanted, which was hydroxychloroquine was proven to cause heart failure and death in COVID-19 patients. Well, if you overdose anybody on any drug, they're going to die, including hydroxychloroquine. But hydroxychloroquine is completely safe at the 300 milligram suggested recommendation daily for the last 70 years, medically.

So, please trust in early treatment. Do not consider Remdesivir treatment in hospitals, outside of hospitals. Always say no. This would be my update for now. Always trust early treatment guidelines. Trust Dr. Mercola's early treatment protocol, Zev Zelenko's recommendations, and Dr. Ben Marble's suggestions. I would always recommend that you follow these pioneers in the early days producing early treatment guidelines, and please don't forget, FLCCC.net and their at-home protocols and MATH+ protocols for best outcomes from research studies and clinical experience at how to beat COVID in hospitals without using Remdesivir or having to vent an individual to death.

Please always have more faith in the natural immunity God created inside of you than this suggested or marketed artificial immunity that man is creating in a lab with their drugs and their vaccines. Nature wins. God put on the earth what our natural body He created needs to succeed, to thrive, and to live well, and to beat any infections.

Ivermectin

Dr. James Neuenschwander

Jonathan Otto:

Mm-hmm (affirmative). Let's talk about recovering from vaccine injury, and let's talk about recovering from vaccine injury in regard to the coronavirus vaccine. So they're kind of like two different things and one in the same?

Dr. James Neuenschwander:

Well, sort of the basic tenants are similar. You work at supporting a person's detoxification system. You work at cleaning up their environment. You work at supporting their immune system. And if there is... there's some theories out there that may or may not be true, because there are some people that respond to antivirals or some people that respond to antiretrovirals, like HIV type drugs, and that's sort of your traditional vaccine injury. When you're talking COVID, the one thing about COVID that we have, that is almost universal, is the use of Ivermectin. So we've known since last May, that Ivermectin is pretty effective at treating COVID in all its phases. So you can use it to prevent COVID, and the studies now are putting that number 80 to 90%

effective at preventing COVID. And that beats the vaccine, by the way, which has about a 20% failure rate when it comes to this symptomatic failure rate.

But it treats the cytokine storm part of COVID, when the immune system's going crazy, it can treat that. It treats the long haul COVID, the post COVID syndrome. And it even helps with the vaccine injuries. I mean, we just have had some pretty incredible stories of people that were injured from the vaccine and have had symptoms for weeks and months and you put them on Ivermectin and within a few days, they're significantly better – 80, 90% better. So we have a tool for the COVID vaccine injury that's not available to us with other vaccine injuries. Although, if somebody gets injured from an influenza vaccine, I'm ready to try Ivermectin for them too, because that's another RNA virus. And I think the Ivermectin might be a helpful there. It helps prevent the flu, so it might help deal with the flu injury.

But along with that, there's the Front Line COVID Critical Care Alliance, FLCCC Alliance. They have a whole protocol for long haul COVID, and a lot of those things are very helpful for a vaccine injury as well. So they use steroids, they use Ivermectin, they use an old antidepressant called Fluvoxamine, or Luvox is what we call it in the US, that's actually an anti-inflammatory for the brain. But again, these are mainstream docs. They know about drugs. We have many other tools. There's many other brain anti-inflammatories we can use. There are things like quercetin and luteolin that can deal with the histamine release and messing up the blood-brain barrier. And then cleaning up the diet and cleaning up the environment, that's what we do.

Dr. Peter McCullough

Dr. Pierre Kory

Dr. Pierre Kory: ([01:13](#))

So it's all about the disinformation and really about science, how science is corrupted by disinformation. You know, like basically the pharmaceutical companies own the big journals. Not own, literally own, but they essentially control them. And so, what those big journals say is what all doctors believe and pharma knows that. And so, they control those journals. So, they publish things to say that Ivermectin doesn't work. And they publish things to say that Paxlovid works, or Molnupiravir work. You know, it's like, they literally by the control of like 4 or 5 of those big journals, they can completely control what therapeutics are used around the world, or what are not used around the world, right? So -

Dr. Pierre Kory: ([02:00](#))

Repurposed drugs, generic drugs are the absolute enemy of the pharmaceutical industry. Right? Their whole business model is predicated on the fact that they always have to have a shinier, newer pill than the one that's generic. They've been attacking generic drugs, and in COVID, I mean, you talk about a global pandemic with hundreds of billions of dollars. And so, the war on Ivermectin and hydroxychloroquine were fierce, really sinister.

Jonathan Otto: ([02:27](#))

Wow. I'd love to talk about this. I mean, this is certainly one of the areas that you are so proficient in. I would say you're basically the leader in the world on this subject area and considering it to be one of the most effective, if not the most effective treatment for acute COVID. Amazing, right? So I appreciate that. We're gonna go into that.

Jonathan Otto: ([02:48](#))

Before we go into that, if you could explain your background, because you were basically, we were chatting in the car and it was really dawning on me. Man, you were set up to be in the right position so that you could help people with your background and your specialty. And I mean, you care, the fact that you care about your patients. Because I guess you could have all the skill set in the world, but if you didn't care, what would it matter? And that's, kinda like what really happened through the world.

Dr. Pierre Kory: ([03:16](#))

I've seen a lot of that in some of the doctors.

Jonathan Otto: ([03:19](#))

But yeah, I'd love to hear your background.

Dr. Pierre Kory: ([03:20](#))

Yeah. So, I'm a specialist in pulmonary and critical care, so lung diseases and ICU. So I take care of what are called the critically ill, people generally in multi-organ failure. And that's my specialty as a physician. But more importantly than that, my career was really one of what's called the clinician educator. So I took care of patients, I ran the ICU, but I also taught, and I did a lot of teaching. I taught medical students and fellows and residents. And I wrote papers, I did small, sort of clinical trials with a lot of my trainees and colleagues. And so -

Dr. Pierre Kory: ([03:56](#))

You know, when I was growing up, I always said I wanted to be a teacher or a doctor and I kinda became both. I've really been one of an educator and I was one of the world pioneers in a field called point-of-care ultrasound where I taught physicians how to use

ultrasound to look at the organs in the body and to make life-saving diagnoses. So when patients in the ICU are really sick, they're usually in some form of what's called shock. So very low blood pressure or their heart's not pumping, and/or their lungs are really sick. So, heart and lung failure is kind of like my main specialty. And ultrasound is wickedly helpful at understanding what's going on in the body.

Dr. Pierre Kory: ([04:34](#))

And so I wrote a textbook. I was the senior editor of a textbook that is now in 7 languages and Second Edition. And it's a popular textbook. And this was before COVID. I was very well known for being a pioneer in that field.

Jonathan Otto: ([04:48](#))

Amazing.

Dr. Pierre Kory: ([04:48](#))

So, that's what I did. And then when COVID hit, I was 50 years old. I was kind of at the peak of my career and it was a pulmonary and critical care disease. And I was a pulmonary and critical care doctor. I mean, that's what was happening, right? As people were filling the ICUs, their lungs were failing. And I knew I had to figure that out and figure out how to treat it.

Jonathan Otto: ([05:07](#))

Wow. And then when you decided to publish information, because I mean, you guys were some of the pioneers in that. Publishing protocols on FLCCC, so that people could use these to save their lives. They would kind of self go through it if they had to, or best yet have a physician go through it. But, was there ever a point where you thought, "Hey look, I've worked very hard for my career. This is not popular, I could be maligned for this. Is it really worth it?" Did you ever have to process that?

Dr. Pierre Kory: ([05:40](#))

Never. No, because when we started, I had no idea what was to come. I mean, we started because a couple of prominent doctors reached out to my colleague, Paul Marik - and he kind of founded the - he founded the FLCCC and he said- Because he's well known for his protocols. He has treatment protocols for sepsis and he and I are very close, we have been for years 'cause we're both experts in the use of high doses of intravenous Vitamin C in septic shock and other critical illnesses.

Jonathan Otto: ([06:06](#))

Amazing. Was it Linus Pauling that had pioneered that?

Dr. Pierre Kory: (06:09)

Yeah, Linus Pauling, he did that in cancer. He was the first one to show that it had benefits in cancer.

Dr. Pierre Kory: (06:17)

But- So Paul and I were close, we were friends, we were colleagues. And when a couple of doctors reached out to him and said, "Hey you guys," because they saw that no one was putting forth treatment protocols. Like literally the entire system was telling people to go home. If you turn blue, come back. Like if you're oxygen drops, come back, but they were offering no treatment.

Dr. Pierre Kory: (06:35)

And so Paul was asked and they said, "Why don't you get some of your colleagues and form a group and put out your protocol?" So Paul asked me and some of his other colleagues. A very well-known doctor named Umberto Meduri, Joseph Varon, and Jose Iglesias. And so, we just started having these Zoom meetings and we started putting together the protocol and then we got a website, and I was like, it was on my- I carried the FLCCC on my credit card for like 7 months. We were like \$14,000 in a hole. We had no donors, but we just kept updating our protocols, and we put them out.

Dr. Pierre Kory: (07:09)

Our first protocol was to use corticosteroids. And that was at a time when the entire world said don't use it. And my first testimony in the Senate was just May 2020. I told the world that it was critical to use corticosteroids, and I got attacked for that. That was like, I think the first time the FLCCC was kind of, you know, had much more of a public recognition because I testified in Senator Johnson's panel. And when I got back, I mean, my university was livid. The dean of the medical school was so angry because I didn't tell him. I didn't have to tell him, there's no exped- I don't have- It's called the first amendment.

Dr. Pierre Kory: (07:46)

And actually universities, they're supposed to. Like as a professor, like that's actually one of your responsibilities in society is to share your knowledge and expertise. And so, a professor is supposed to be allowed to speak freely on their topic of interest of their expertise, that's what they're supposed to do. But my university was not happy. They were threatening me. They were telling me that I had to talk to the press office before I accepted any more press opportunities. And so, that was like the first time I saw kind of like a blow back from speaking my opinions publicly, especially when my opinions went against the entire health system.

Dr. Pierre Kory: ([08:25](#))

And, what's interesting is that, that war only lasted for 8 weeks. Because 8 weeks later, a big trial showed that corticosteroids were lifesaving. And so like, on that day, I was kind of vanquished. A lot of people were texting me, "Hey, we should have listened to you." Because everyone knew that I was saying use steroids in this disease. And the whole world was not using it. And so, that was an interesting little run up. Yeah, that was kind of like the first act.

Dr. Pierre Kory: ([08:52](#))

And then as a group, we were constantly following trials and data. We were just, you know, Paul had kept this list, like a running list of therapeutics that we were following. And so, when new studies came out or case reports, case series, we would sort of like update the evidence. And in October of 2020, there was about 3 or 4 trials that came out on Ivermectin and they were absolutely astounding, like they were showing really large benefits. And, we looked, the case - We just-

Dr. Pierre Kory: ([09:25](#))

So Paul basically called that this was the solution to the pandemic in October of 2020. He uploaded a video on YouTube, on his little channel, it's still there actually. And he was talking so positively around Ivermectin, I got interested, and I said, "Let me start looking at this data." And then I just dove deep. And that's all I did for about 2 months, about a month and a half is I wrote a paper. And it was like a comprehensive review paper.

Jonathan Otto: ([09:49](#))

It was the first one.

Dr. Pierre Kory: ([09:50](#))

Yeah, it was the first one.

Jonathan Otto: ([09:51](#))

For COVID and Ivermectin?

Dr. Pierre Kory: ([09:53](#))

COVID and Ivermectin, it was the first comprehensive review paper. And in my conclusion, I said that Ivermectin should be globally and systematically deployed in the prevention and treatment of COVID-19.

Jonathan Otto: ([10:05](#))

Was the term you used, multi-purpose drugs? Is it?

Dr. Pierre Kory: ([10:07](#))

Repurposed drug is a medicine that was approved, it went through regulatory approval for one indication, for a disease. But then it's found to work in another disease, so you repurpose it for this other disease.

Dr. Pierre Kory: ([10:19](#))

And so anyway, once I wrote the paper on Ivermectin, I uploaded it to a preprint server. I think people were starting to look at it. And we kind of knew like, that the journals were broken in the sense that, not that they were corrupt, I didn't know that yet. But that there was so much research and studies and papers that were being submitted to these journals. They were overwhelmed. "Cause like, I mean, you had a new disease breakout across the world, so doctors and scientists across the world were studying this thing. And there was just so much that was getting published.

Dr. Pierre Kory: ([10:54](#))

There was so much stuff coming out on preprint servers like it was just getting lost in the noise. And we felt like we needed to - It was an interesting decision because it's not natural for a physician, but we felt like we needed to talk to the public because people were dying like you wouldn't- I mean that surge in the winter of 2020 was massive. I mean, hospitals were filling, I mean, they were expanding out ICUs in all these hospitals because people were crashing on the ventilators and there's so many people getting sick.

Dr. Pierre Kory: ([11:25](#))

And so, we actually held a press conference, 4 days before my Senate testimony. We had a press conference in Houston because Joe Varon, one of the FLCCC members, he's very well known to the media in Houston because he's of Mexican descent and he's on Spanish language television all the time. And so, we went down there and we had a press conference. We're hoping that like, this would get picked up by the media. And people would recognize that Ivermectin was effective.

Dr. Pierre Kory: ([11:51](#))

And that very credible doctors, highly- Paul Marik is the most published, practicing critical care doctor in the history of the specialty. So like, I thought our credibility was gonna carry, like of course, we're not crazy, we're highly published doctors. And it just kinda like, nothing really happened, you know. And then 4 days later, I gave testimony on the Senate and the only thing that happened there is it went viral. I was kind of like upset that day, and one of the senators offended me, and I got really angry and I just

sort of ripped into this, I don't know. I don't know if it's a tirade, but I sort of reviewed the evidence for Ivermectin and that it was critical everyone use it. And that video went viral.

Dr. Pierre Kory: ([12:34](#))

And then suddenly like, a lot of attention came to us. But I didn't know then that by virtue of doing that, I had stepped into a decade's long war on generic drugs. Because Ivermectin is off patent, multiple manufacturers all around the world, it's super cheap, really widely available and extremely safe. And when you put forth that kind of solution to a global pandemic and there's massive market forces against that, right? Every company wants to bring their shiny new pill or vaccine to market. And if you put out Ivermectin, I mean basically no one would get the vaccines and none of those other drugs would ever make money.

Dr. Pierre Kory: ([13:16](#))

I had no idea how bad it was. I mean, I thought it was just, we were doing the right thing. And I was really happy that we had a solution for people. But that's not what happened. I got attacked and attacked and attacked.

Jonathan Otto: ([13:28](#))

Is that a bit stressful at times?

Dr. Pierre Kory: ([13:34](#))

You know? Yeah, no I've been thr- I mean, I would say the lowest point for me was when I submitted my paper to a journal that was doing a special issue. And the special issue was called The Use of Available Drugs in COVID-19, meaning repurpose. Meaning already existing, generally generic drugs. And they wanted that special issue on the data supporting what we already have available, right? There was no new drugs for COVID then. There was no vaccines then. And what's interesting is the man who proposed that issue to the journal, the journal was called Frontiers in Pharmacology, they're totally corrupt and controlled by Gates. I found that out much later, but at the time it was Robert Malone.

Dr. Pierre Kory: ([14:25](#))

I first met Robert in the fall of 2020. This is before he was Robert Malone, like nobody knew who he was. And I learned, he and I became friendly, and he was just a really smart guy and he was the editor of the journal. And so he's the one who picked the peer-reviewers for my paper. It went through 3 rounds of peer-review. I had to do a lot of revisions. And these were senior scientists that he knew, colleagues of his, that he knew in the FDA, and the NIH. And so, it got a very high level peer-review and it passed. And they accepted it for publication.

Dr. Pierre Kory: [\(14:58\)](#)

And the lowest point in my life was the day like, basically it was an online journal and week after week went by and they weren't publishing my paper. And it was accepted for publication, so I kept writing to the journal saying, "What's going on? What's the delay? I mean, this is really a critically important paper. You need to publish this." And I think, in maybe week 6 or 7, I finally wrote a threatening email. I told him, "I suspect scientific misconduct here." And I said, "I'm prepared to go public." And within a day of that email, Robert Malone got a call. And basically they told Robert that they were retracting my paper. And, I was really shocked.

Dr. Pierre Kory: [\(15:52\)](#)

That's when I sort of knew that like, I knew the fix was in- like I just knew something had happened. Some force got that paper retracted. And even the editor even said, he said, "We got complaints about your paper. I called in some anonymous, third-party reviewer. And he finds your conclusions not supported by the data that you submitted." And I was like, "It just went through peer-review with 4 experts in the field." And so like, that's not how science works. I mean, generally if you go through peer-review, it's an accepted manuscript. But he got some anonymous person to say to retract it. And then he says, "Retract it."

Dr. Pierre Kory: [\(16:27\)](#)

And I said to Robert, I said, "Normally if there's a problem with the paper, you ask for a revision." So if a peer-reviewer doesn't like something you're saying, or how you're saying it, they'll say, they'll tell you, that this is unsupported. You can't say this or remove it. And so I asked him, I said, "Can I just revise it? What is the problem with the paper?" And that's when Robert said that the editor said that he refuses to work with you.

Dr. Pierre Kory: [\(16:54\)](#)

And I felt so terrible 'cause I thought it was my threatening email that had led to the non-publication of that paper. And I literally thought the world like, I mean, I felt terrible. I really felt like I had done something wrong that caused this paper to get retracted in some way. I mean, I couldn't even sit still for days. And then it kind of changed. Like, after I started talking to my friends and colleagues, I'm like, it came- you know, I finally was able to get to a place, I was like, "This is not about me. This has nothing to do with that email." I knew it was much more sinister than that and so I was able to accept that.

Dr. Pierre Kory: [\(17:39\)](#)

And by the way, same thing happened to Tess Lawrie. So Tess Lawrie, she did a high-level scientific review. I mean, she does something else. She does what's called

systematic reviews and meta-analysis, looking just at the randomized control trials. Mine was on tons of different data. And she submitted to Lancet Respiratory, rigorous peer-review. It passed peer-review. And then the editors wrote to her and said, "We're not comfortable publishing this paper at this time." So she got a retraction after peer-review.

Dr. Pierre Kory: ([18:11](#))

And mind you, this has never happened. Cumulatively in our group, we have 1500 publications throughout our careers. Paul Marik's been a doctor and publishing for 3 decades, Umberto as well. Never have we ever had a peer-reviewed paper retracted before publication. And we've had other papers retracted since, so. But yeah, so that's like the origin story and how.

Jonathan Otto: ([18:40](#))

That's a powerful story.

Dr. Pierre Kory: ([18:42](#))

Yeah, how the world turned on me. Well, I think it was the same world. I got to understand like what we're up against.

Jonathan Otto: ([18:49](#))

Wow. But I appreciate you taking me through that journey of that devastating moment. I mean, you even referred to it as one of the most tormenting days of your life. I mean, go back to high school, there's some pretty tormenting days. So, if this one really ranked up, man, that's a lot of turmoil.

Jonathan Otto: ([19:08](#))

And it's the mixture of things, it's the fact that this is your career. You care about this. You've worked hard to establish credibility and authority. And most importantly, which you emphasized, the world needs this information. So, those things combined, this being the primary, but then to then feel my character, who I am has messed this up. I've ruined this. I've let someone down, I've let the world down, is a very hard thought to go through. And I appreciate you bringing that up. Because I know a lot of people watching have felt that way in regard to family members and choices they've made.

Jonathan Otto: ([19:47](#))

Imagine, a lot of us have had loved ones, family, children, parents that have taken this vaccine. And we just feel like, I didn't do a good enough job. If only I was better with words and I could explain it like those guys explain it.

Dr. Pierre Kory: ([20:00](#))

That's a very good analogy. No, you're absolutely right. It's funny, I haven't thought of that time period, because it was- Yeah, I mean, and the other thing that was so crazy about it is that after I started researching Ivermectin, I started treating patients with it. And that early Wuhan strain, I mean, Ivermectin alone, I mean, people got so better so fast. Like, within 12 to 24 hours, everyone was telling me, their fever would go down, their chest tightness eased up, their joint- Like everybody was feeling better really quickly. In some of the later variants, Ivermectin alone, you had to use it at higher doses or in combination with other thing. Hydroxychloroquine.

Dr. Paul Marik

So you know, our protocols are based on science, the best available science. And they've evolved since March and April last year. And you know, we believe in science and we believe in the truth. And unfortunately, the truth has been suppressed, because there are safe, effective ways to treat this virus. It's a treatable disease. They don't want you to know that. This is a treatable disease. And the lies and misinformation just have to stop. They have to stop lying to you, the FDA and the CDC lie. There's no other way to put this, this idea that ivermectin is a dangerous horse deworming medicine is horseshit, I'm sorry to say that. It is nonsense. Millions of people on this planet have been treated with ivermectin. It is one of the safest medications.

Jonathan Otto:

4 billion applications, I believe, over the course of 3 decades.

Dr. Paul Marik:

Yeah.

Dr. Pierre Kory:

And that was a couple years ago, by now I'm sure it's many more.

Jonathan Otto:

True.

Dr. Paul Marik:

After penicillin...

Jonathan Otto:

2 deaths per year.

Dr. Paul Marik:

After penicillin this is probably the most important medication ever developed by the medical science. It's had a greater impact on humanity than almost any other drug except penicillin.

Jonathan Otto:

A Nobel Peace Prize was won for it, correct?

Dr. Paul Marik:

Yes. It's the only antimicrobial drug ever to receive a Nobel prize. And it is safe. It is safe. It is safer than Tylenol. You're more likely to die from aspirin or Tylenol than taking ivermectin. It's in fact, impossible almost to kill someone with ivermectin. It's so safe.

Hydroxychloroquine

[Hydroxychloroquine is used to prevent and treat acute attacks of malaria. It is also used to treat discoid lupus erythematosus \(DLE; a chronic inflammatory condition of the skin\) or systemic lupus erythematosus \(SLE; a chronic inflammatory condition of the body\) and rheumatoid arthritis in patients whose symptoms have not improved with other treatments.](#)

During the pandemic, it became evident that due to its ability to lower inflammation, Hydroxychloroquine proved to be an excellent medicine to be used in the treatment of COVID. Our experts share more about this.

Dr. McCullough

Hydroxychloroquine has three separate mechanisms of action and hydroxychloroquine wasn't much of a stretch because we use it for intracellular infections like malaria, and also it's a powerful anti-inflammatory.

So since SARS-CoV-2 is an intracellular infection and it is an inflammatory illness. Hydroxychloroquine wasn't much of a stretch to actually employ that as a therapy, and it's worked out well. Ivermectin, I think, is one of the most interesting because ivermectin has three separate at least three separate mechanisms of action, and its only agent that actually directly antagonize is the spike protein. It impacts favorably, blocking to some degree nuclear entry of the virus into the nucleus of the human cell. And then also, it favorably changes a whole variety of enzymes within the cell family of enzymes called kinases that allow the cell to better survive the basically onslaught of SARS-CoV-2 infection.

Jonathan Otto:

When it comes to using hydroxychloroquine and ivermectin, should you take it prophylactically?

Dr. Jane Orient

Well, there is different advice on prophylactically. Hydroxychloroquine has quite a long half life, maybe 20 days or more. So it could be that once you get your level built up taking a dose once a week or even once every 2 weeks might give you significant protection. And we used to put it in travel kits for people who are going to malaria areas, maybe less so now since the malaria parasite is more likely to be resistant to it in many areas. So people just got it and they're malaria kits. They took it every week for a long time, whenever they were in a high risk area.

And now it's given to thousands or millions of patients with rheumatoid arthritis or lupus. They need to get an eye exam every 5 years if they're taking it continuously. Some people don't tolerate it, but for most people it's extremely well tolerated and it does significantly help their symptoms.

Quercetin - A natural alternative to hydroxychloroquine

Dr. Pierre Kory

Yeah, exactly. Hydroxychloroquine, povidone-iodine, Quercetin, melatonin, different things that we would use in combination. But when I first started using it, I mean, that's all I had to use. And people, I mean, people were so happy, they got better really quickly. And so, like I knew it worked. And that was the thing, I was getting everyone better. I knew it was working, like it wasn't just the immense amount of data that I'd compiled. It was like, I could see it in my own practice. And people calling me from all over the country. You know, I mean, I treated hundreds of patients, many of whom I'd never met before.

But it was so strange, like someone would write me an email that they were sick. And I felt like you can't delete that email. When you know you have a treatment, you can't delete. You can't say I'm not... I consistently called people all around the country. And I'd take a little history and I'd say, "Okay, I'll call this in for you." And I was doing that

constantly. It was really trying, it was really kind of, you know, it was stressful. I had a lot of other stuff going on, and people would call me and email me at all times of the day.

But I got to tell you there's so much gratitude from all those people. They knew they were strangers to me. And they knew that I was gonna help them. I mean, there's no way you can say no. I mean, you actually can't say no, right? It's like someone drowning, and you have a life preserver and you can't say, "Well, I'm too busy right now." Right? You can't do that.

Jonathan Otto:

I guess it gets easy once you let one person drown, you watch them drown, then the next one becomes easier.

Dr. Pierre Kory:

Maybe that.

Jonathan Otto:

You know what I mean? It's like that first showdown and you just weren't willing to take the first step. And so your heart didn't harden. That's how I see something like that.

Dr. Pierre Kory:

I mean, I don't know. It never occurred to me. And it was almost, not that this is funny, but it was like, I didn't resent it, but it was just like, it was an interesting situation. Like you have a solution and people are coming to you with problems and you have to give them the solution, right? I mean, we're not about letting people suffer.

Jonathan Otto:

That's so good. But that's what made this what it was, the fact that you had that thought, how can I let someone down? This needs to get out. That protocol is published freely. It saved millions of lives, I believe.

Okay. So Dr. Kory, when it comes to what treatments that people should use now, because COVID has changed, is changing. And one, what's your current protocol? Two, what are we- how do we think about this going forward so that we can remain ahead? Because, you know, in 6 months time, someone's not checking the internet rigorously, what should they be thinking about if they come, something befalls them?

Dr. Pierre Kory:

Yeah. Well, I mean, the question you're asking is essentially the mission of my organization, right? So, if you go to FLCCC.net, we have protocols for prevention, early

treatment, hospital phase, as well as long haul and post vaccine injuries. For COVID right now, I mean, we have combination therapy protocols, and we also have like first line and second line. With Omicron and these more recent variants, we're very rarely going to second and third-line medications.

Jonathan Otto:
And what are they?

Dr. Pierre Kory:
So yeah. So the first line

Jonathan Otto:
You can be really specific because people love it.

Dr. Pierre Kory:
Yeah, antivirals. I give everyone Ivermectin and hydroxychloroquine, period. I treat both right up front, upon first symptoms. I use those for antiviral and anti-inflammatory properties. Then we have sort of nutritional therapeutic adjuncts that I recommend to people to take. So there's one called Nigella sativa, or black cumin seed, really effective. Really powerful trial that came out of Pakistan shown, because it has all these antiviral and immunomodulatory properties. So we have like, Nigella sativa, turmeric or curcumin, it's the same thing, also has a positive trial.

And then, other compounds like melatonin, good anti-inflammatory and some antiviral properties and immune-modulating. Quercetin, which is another important compound, and we also include aspirin. And then obviously Vitamin D. I mean, Vitamin D doesn't really work well acutely. We have that more in our prevention protocol. But at the same time, it can't hurt to take Vitamin D.

Dr. Henry Ealy

Zinc has these wonderful, wonderful attributes. One of the things that it's gonna do is it's gonna increase binding capacity and it's gonna optimize the immune cells to be more effective at killing, all right, the exact thing we want. What it's also gonna do is when it gets into the cell, zinc, when it gets into the cell, is it's going to help the cell produce an enzyme that, again, now at a cellular level blocks viral replication. Just like we have interferon that's blocking viral replication throughout the entire system, your cells have defense systems as well. One of the defense systems that your cell has is a enzyme that it's going to help block viral replication. Well, that is a zinc-dependent enzyme, so the trick is getting zinc into the cell.

Now, Dr. Zelenko has done some great work on this. And, what he shown was that hydroxychloroquine is a zinc ionophore that helps get zinc into the cell. That's what an ionophore does. Well, fortunately, we have other ionophores, like quercetin. Quercetin's a zinc ionophore that helps get zinc into the cells. It also helps enhance nerve conduction and perception so your body can perceive what's going on.

You may not know this, but your body has over 600 miles of nerves throughout it. It isn't that wild, that 600 miles of anything could be packed into our bodies? But you have over 600 miles of nerves just coursing through your entire body, perceiving what's going on. So giving a little enhancement to that perceptive tool, that perceptive tissue that we have, is gonna make the immunological response more accurate.

What we want to think of, cause a lot of people get sick and they don't feel good, right, that's why we're so afraid of getting sick, we don't feel good. Well, when you don't feel good, it's the pain that you're feeling, the uncomfortableness that you're feeling, those are sending signals, excuse me, through your nervous system, telling the immune system where to go. You think of pain as not necessarily a bad thing.

Pain is really a beacon for the immune system. It tells the immune system where to go, where the immune system is needed, and it's an important part of this entire cascade of events that ultimately, when it's conducted properly, results in a person healing, you know, when a person overcoming an infection. Well, in addition to quercetin, which you can find in frozen organic blueberries in high content, green tea is going to be something. Organic green tea is something that also will help get zinc into the cells, as it acts like a zinc ionophore.

Dr. Jane Orient

Dr. Jane Orient: ([32:19](#))

And there's like hydroxychloroquine is been shown to be quite effective in many studies, especially if used early, and then there's a nutraceutical bundle that everybody should probably take all the time, including Vitamin D3, almost everybody is probably deficient in Vitamin D3, which greatly increases your risk of a bad outcome with this. And then a zinc sulfate, which helps to get the treatment inside the cell. I'm sorry, the zinc sulfate needs to get into the cell and the quercetin and also Hydroxychloroquine helps that to penetrate the cell so that it can do its- so that it can prevent the virus from replicating when it gets into the cell.

Jonathan Otto: ([33:10](#))

Great. I hear that Ivermectin also helps to get zinc into the cell. Is that true?

Dr. Jane Orient: [\(33:16\)](#)

Ivermectin does that also, yes. And quercetin, which is an over the counter nutraceutical does that too.

Jonathan Otto: [\(33:22\)](#)

Okay. So quercetin does that in and of itself, which is something that people can order on Amazon if they want, or they could even get it through onions, and trying to think of a couple of other quercetin rich foods.

Dr. Jane Orient: [\(33:37\)](#)

Yeah, it does. I don't remember offhand. I'm not sure how much you have to eat.

Jonathan Otto: [\(33:40\)](#)

Exactly. But people will do that. And certainly for those listening to the research yourself and look at how to get more quercetin into your diet. That's a smart move, right? Now when it comes to-

Dr. Jane Orient: [\(33:58\)](#)

Yes.

Jonathan Otto: [\(33:58\)](#)

When it comes to using hydroxychloroquine and ivermectin, are you saying to take it prophylactically?

Dr. Jane Orient: [\(34:06\)](#)

Well, there are different advice on prophylactically. Hydroxychloroquine is quite a long half life, maybe 20 days or more. So it could be that once you get your level built up taking a dose once a week or even once every 2 weeks might give you significant protection. And we used to put it in travel kits for people who are going to malaria areas, maybe less so now since the malaria parasite is more likely to be resistant to it in many areas. So people just got it and they're malaria kits. They took it every week for a long time, whenever they were in a high risk area.

Inhalants & Nasal Rinses

Povidine Iodine

Povidone-iodine, frequently used to disinfect wounds and surgery sights, has been a huge role player in helping inactivate the virus. According to a study published by the National Library of Medicine, [nasal and oral PVP-I antiseptic solutions are effective at inactivating the SARS-CoV-2 at a variety of concentrations after 60-second exposure times. The formulations tested may help to reduce the transmission of SARS-CoV-2 if used for nasal decontamination, oral decontamination, or surface decontamination in known or suspected cases of COVID-19.](#)

Dr. Peter McCullough

So here's probably the biggest update and now the featured approach for Omicron, which should have been our featured approach from the outset of the pandemic, but we learned about it late. The randomized trials and data came in late, and that is the use of virucidal nasal and oral washes. There has been a preoccupation on masks, social distancing, hand sanitizers. None of those things impact whatsoever the patient who actually has inhaled enough inoculum of the virus and has that virus in the nasal passages. Once the virus is in the nasal passages, it finds a warm, mucus laden sets of cavities where the virus can replicate in the nasopharynx. In fact, those who've had COVID-19 know because you can feel it right in the face.

One can lose their sense of taste and smell because the olfactory nerve at the roof of the nasal cavity is now inflamed with SARS-CoV-2. But since the virus is in the nasal cavity without exception, in fact, people know that because that's how we test. We put a swab way up in the nose. That's how we test for it. So it should be obvious to everyone who gets COVID-19, the virus is up in the nose. That should be obvious. So if the virus is up in the nose, it is reasonable to actually kill the virus in the nose. And the question is, how do you kill it? We now know it can be killed with Povidone Iodine. Povidine Iodine is known as Betadine. It's sold as a liquid in a bottle that we use to sterilize wounds.

That bulk distribution of it is a 10% solution. We can actually dilute that 1 to 10. So conveniently, that's a half a teaspoon in a shot glass of water, which is 1.5 cc's, and that solution, which should be the consistency of dark tea, can be squirted or sprayed up in the nose, sniff back, and then spit out. Very important to bring it all the way back, and

then spit it out. And then do it twice on either side. That's an effective nasal wash that is tremendously valuable for people to understand. That can be used for common colds. That can be used for bacterial sinusitis. Iodine kills germs. That's the reason why we use it to sterilize the skin when we do surgeries and other procedures.

Jonathan Otto Sounds like you like that better than Budesonide or Hydrogen Peroxide?

Dr. Peter McCullough Well, if someone cannot tolerate iodine, there is an iodine allergy. They have a hyperfunctioning thyroid problem like Graves disease or hyperfunction nodules, and they can't iodine, we need something else to use. What else can we use? We can use Hydrogen Peroxide. Hydrogen Peroxide is more noxious to tissues. Anybody's ever poured Hydrogen Peroxide in a wound will see it bubble up, and it'll hurt. So Hydrogen Peroxide is more noxious. The current available over-the-counter Hydrogen Peroxide has to be diluted basically 1 to 3. 1 to 3. So that would be 3 quarters of a teaspoon in 1.5 cc's of water, a shot glass, and then that can also be squirted up or sniffed up. But if it burns, it means it's too strong. Many can't tolerate that, so it has to be nebulized. So if we nebulize Hydrogen Peroxide, and we actually sniff it into the the passages that can be done. So Hydrogen Peroxide, I think, is a second best to Povidone Iodine just because of the nature of what Hydrogen Peroxide is. It can also be improved upon if one can tolerate a little bit of iodine with adding a few drops of lugol's iodine.

Turns out, though, that the virus, just like with hand sanitizers, the virus is easily killed by many substances. The virus is also killed by a whole variety of other substances, including colloidal silver, including sodium hypochlorite, potentially other spices, herbs and spices. People have tried a whole variety of naturopathic remedies that actually seem to symptomatically work. But what we know from the published data is there are 12 Povidone Iodine studies and one of them a large, high quality, prospective randomized trial. In total, there are nearly 900 patients in clinical trials, and there's absolutely no doubt with early treatment, it dramatically reduces the risk of hospitalization and death. By zapping the virus, killing the virus in the nasal passages, we reduce the intensity and duration of symptoms. And by that mechanism, reduce the risk of hospitalization and death. We probably actually reduce the risk of invasiveness. There's actually less virus that can invade the body. So how often do we recommend this stuff? Every 4 hours with acute illness. We can do it twice a day for prevention, and it's extraordinary the impact. This is inexpensive. It's universally available, and the innovation came from the East. It came from Bangladesh and other countries around it. And the information emerged in 2021.

I am remorseful that I couldn't help more patients with this simple recommendation. Now this is a uniform recommendation, and I get patient after patient saying, "Wow, I'm already better. I'm already better", particularly with Omicron. Omicron is a high intensity, very quickly replicating virus. It's perfect. The more fast a virus replicates, the more amenable it is to something that's going to kill it. Okay? So I think very, very important. And here are the published metadata on this. 71% improvement across all the studies. The big study is by Chowdhary and colleagues for the outcomes of measurement for late treatment, even late, later in disease. 44% improvement. Who would not try it even later in disease?

And then finally, for prophylaxis, about 45% preventive. But only 1 study, the Sikh study from Singapore that attempted to show that. It was a relatively large study. But the point is, even preventively, it plays a role and all depends on how assiduous one is in doing that. So we have some, I think, some universal- if I was to conclude, I would want to say that one, no matter where they are, can have a COVID-19 readiness kit, a COVID-19 survival kit. At this point in time, COVID-19 should not be a surprise. We're 2 years into this and doctors are still getting calls, "Doctor, I'm surprised I got COVID." It's like no, everyone's going to get COVID. It looks like we're going to get COVID more than once now with Omicron, even the recovered and vaccinated. Everyone is going to get COVID. So if we just plan that everyone's going to get this illness, it's mild. It's a mild respiratory illness. What would we have in our home toolkit? We would have Povidine Iodine as our nasal virocidal therapy. And a bottle of it's going to last forever because we use such a diluted solution. If that's not tolerated, we would have Hydrogen Peroxide.

Budesonide for COVID

Dr. Richard Bartlett

Well in the beginning of the pandemic, we were told there's nothing you can do, just hide. Shelter in place, wait for a few government leaders to come up with a vaccine that would be the silver bullet, the final answer. And that was the only solution that was offered to us. As a matter of fact, every person in the United States was told if you have mild to moderate symptoms from COVID just stay home and tough it out with Tylenol. And people would come to the emergency room very ill, and if their oxygen level wasn't low enough, they'd be sent back home. In other words, it was late care only that healthcare was offering. Ventilators, when we were told we didn't have enough ventilators, we needed more ventilators to treat COVID like that was our strategy. And we saw that was a disaster. Initially 90% died that were put on ventilators, and then 80%. And so it's still a high percentage of the patients with COVID that end up on a ventilator that die. And so that's not a winning strategy.

And at the beginning of the pandemic, working as an emergency room doctor, I found a strategy that was working and that was early treatment. And we also could use this medicine, an inhaled steroid called budesonide to stabilize patients, even help people in late disease. Because with COVID, if they end up in the hospital, they have Acute Respiratory Distress Syndrome, ARDS. And that's a condition that causes you to have low oxygen and inflammation in the lungs. And that's exactly what we're seeing with late disease of COVID, yet this inhaled steroid is indicated for that.

And so when we saw the success we were having and started doing interviews, I did an interview on America, Can We Talk? with Debbie Georgatos. And that interview went viral, 5 million views in 2 weeks, and YouTube pulled it and said it was dangerous. And that was a shock to me because I thought everybody would be excited that there was a solution to this problem because budesonide, this inhaled steroid, is readily available, it's at every pharmacy on every corner in the United States. It's in every town on the planet, it's inexpensive, it costs \$3 for the full cash price for the medicine for a treatment. \$3, nobody's gonna get rich off of it. It's so safe it's used on 2-pound premature babies in the NICU for decades, and nobody bats an eye. And that's as delicate a human on the planet that you'll find is a 2-pound premature baby in the NICU.

And so we had something safe, inexpensive, readily available that was effective. And when I started doing interviews, I was suppressed and censored by Instagram Live. My live audio was cut while I was being interviewed by RFK Jr. on his Instagram Live. The YouTube censored and suppressed the message. Facebook, every major institution that is for multimedia at the time, was suppressing or putting out misinformation. We had Khou of Houston doing a fact check, putting a big X up there saying it was not accurate information. We had the main newspapers, and all the press was putting out information saying this was not factual.

And to be icing on the cake, Anthony Fauci, he recruited Matthew McConaughey, an A-list actor, to get the message out, his message, on the internet, in an interview where Matthew asked him, "What about budesonide? People think that works against COVID." And Anthony Fauci said to Matthew McConaughey, "Well in reality, Matthew, it's just a placebo. It doesn't really work," but he did not offer any science. He just said that without anything to back it up. But months later, Oxford University, the oldest university in the English speaking world, since 1096 with 72 Nobel Prize laureates, did 2 randomized controlled trials, the STOIC trial, and the PRINCIPLE Trial studying 1 medicine inhaled budesonide against 1 disease COVID, and they stopped the studies early because the evidence was overwhelming.

They said it would be unethical to continue the study and give people who have COVID placebos when there's something that could save their life, budesonide that was uncovered during the study. And Oxford university concluded that 90% of hospitalizations and ER visits, and even urgent care visits, could be prevented with just one medicine used early budesonide, an inhaled steroid, for COVID.

And so that was overwhelming evidence, but I've never heard Anthony Fauci print a retraction, correct his misinformation. And when you talk about misinformation, that is dangerous, when he said that it was just a placebo and it's out there on the internet, anyone can find that, that is misinformation from someone who's supposed to be leading our fight against this deadly pandemic. I think that's inexcusable. At least he should be fired. At least he should be corrected.

When you look at 90%, most people die in the hospital. And if you look at the numbers that were reported for deaths from COVID, 90% of hospitalizations could be prevented. And if most people are dying in the hospital, does that mean 90% of the total death could have been prevented? I think it's amazing that this type of information is so effectively suppressed, but the good news is it has been used around the world. In Uttar Pradesh, the province in India that was being hit by COVID, and we were being warned that there was a total disaster that was developing there, their health advisors put out information to the doctors in that whole province saying use hydroxychloroquine, ivermectin, and budesonide, and the numbers just plummeted. It totally crushed the wave of COVID that was developing in that province of 240 million souls.

And so we're talking about two-thirds of the United States population in that one province of Uttar Pradesh, and the overwhelming success of early treatment. And so why is that not on the mainstream news? I think we all know why. There's definitely an agenda against early effective treatment, but we have heroes that have arisen during this time, like Governor Ron DeSantis, whose message has been, early treatment saves lives. And so everybody that's thinking logically, scientifically, is coming to the same conclusion. Our way out of this is the way out of every disease. We stabilize patients with respiratory viral illnesses, stabilization. I'm an advanced trauma life support instructor. That's a course that every doctor has to be certified in if they're gonna work in the emergency room, at any emergency room. And so I teach doctors how to stabilize patients and in advanced trauma life support, we teach stabilizing the airway, breathing, circulation, the ABCs of taking care of patients in a crisis.

And so with COVID, we all know, every elementary school kid knows, that this is a problem with breathing. And so we need to stabilize breathing. Hey, I'm an expert in that. I teach emergency room doctors how to stabilize breathing. And so we have a tool,

there are many tools out there that have been proven to be effective, but one of them is inhaled budesonide, which stabilizes the breathing. There's a study at the NIH database, that's the government database, that shows that using nebulized budesonide for patients on the ventilator, in the ICU with Acute Respiratory Distress Syndrome, benefit greatly, that it's an overwhelming success. And they document it in their study that it does 4 benefits. One, it improves the blood oxygen. That's why people are in the hospital. If they didn't need the oxygen, they wouldn't be in the hospital with COVID.

Secondly, it stops the release of the cytokines from the source. They drew blood and they showed tumor necrosis factor. And several of the interleukin cytokines went to zero. They plummeted in their levels in the blood, when they were given just an inhaled steroid in the lungs. Very safe with not a lot of side effects, not a lot of risk, very low risk compared to all the other things that are done in the hospital. It also stopped the remodeling or scarring of the lung tissue, permanent damage. It also reversed the edema or swelling in the lung tissue. All of those are good. If it just did one of those things, that would be wonderful. But to suppress this information is criminal, in my mind, that's my opinion. And so many people have died that should not have died. That's very clear.

I remember recently speaking with Dr. Ben Carson, who has been a leader who has served the American public on many levels, a brilliant man. He was asking me, "How many people do you think have died from COVID that should not have died, doctor?" And I told him, "At least 90%, based on all the evidence that we have, that it should be the rare exception that people die." And so, you know, we talked about Gov. DeSantis being a hero on this, because he was promoting early effective outpatient treatment. His message has been the same as mine, early treatment saves lives. And so, he actually did a PSA recently that said early treatment saves lives. And he listed the things that are effective in big bold letters during that 30-second Public Service Announcement. That is the way you get the message out. That's how you save lives.

You let people know what the solution is, you don't suppress it. And so, the treatments that he promoted in that PSA are, inhaled budesonide, that makes sense. Now Oxford University has proven it with 2 randomized controlled trials and then there's studies at the NIH showing that it's effective. But he also mentioned monoclonal antibodies. And so that also is very effective. 90% success with early treatment with budesonide, but here's another tool, monoclonal antibodies, antibodies made against the virus. And so I'm familiar with that idea, that technique as well, because that's a strategy that's been around -- a technology that's been around for 40 years now, making monoclonal antibodies, antibodies to a specific disease. We use that kind of technology in

antivenom for rattlesnake bites. I've treated rattlesnake bites in the emergency room. And so we give antivenom. Antivenom is antibodies against the proteins in the venom.

And so that's a critical part of treating someone who has been injured with a rattlesnake bite. So it's not a new idea to use monoclonal antibodies. Monoclonal antibodies to COVID have been overwhelmingly effective. In fact, the statistics are now that 81% of death and hospitalization, could be prevented with that 30-minute investment in time that it takes to get an infusion of monoclonal antibodies by the brand Regeneron. And so I was involved in setting up and actually taking care of patients in a Regeneron monoclonal antibody infusion center in West Texas. And at the very beginning, 11-hour days, 6 days a week, in the full universal precautions, I was totally immersed in only highly contagious COVID patients on purpose, no matter what the variant is. And we were going through the Delta variant wave. And so that would be ridiculous, that would be crazy to do that, unless you knew you had a solution that was worth the risk of putting yourself in harm's way. But, I also had recovered from COVID.

And that brings us to another point that if you've recovered from COVID, you have natural immunity, which is effective and durable and long lasting. And so that's been proven over and over again. And so I knew I had protection, but I also knew it was worth being totally immersed in highly contagious COVID patients to save their lives. 81% decrease in hospitalization and death with a 30-minute investment of time where you get Regeneron monoclonal antibody infusion. And we had people in 3 weeks, we infused approximately a thousand patients, that caused all the hospitals in the area to no longer be overwhelmed with COVID patients, no longer on diversion. Meaning that if someone had a heart attack or a stroke, or was in a car wreck, they would be able to be treated in those hospitals, 'cause they were no longer overwhelmed and non-diversion. People were having to be sent with a heart attack to another county or another state, because the hospitals would not accept them and transfer. Until we opened up the hospitals with these early treatment strategies in West Texas.

But now we have normal healthcare again. And so, monoclonal antibodies save lives, Regeneron monoclonal antibodies, there's different brands, but I know that one is effective. And so I would watch - I would start IVs on patients and watch them through the whole course because we had to be careful. And people would tell me the same thing over and over again. They didn't know that they were, that I had just heard that 10 minutes ago. They would say, "My headache I've had for 5 days just stopped. My body aches is gone. The fatigue I had has lifted. I feel so much better," during the 30-minute infusion. So, that's 81% decrease in risk of hospitalization and death with that. But add 90% effectiveness with budesonide, add an aspirin to prevent the clotting, add an

antibiotic to protect you from secondary bacterial pneumonia, and you've got an overwhelmingly successful strategy.

The oldest I've treated 95 years old, and she's doing great. She recovered at home quickly with early effective treatment. I've said that if someone receives the infusion, many times I see them crawl in and walk out, is the joke that I say, because they're so much improved during that 30-minute investment of the infusion. And I also say, keep it boring. If you could treat it early, you're not gonna have an exciting story of a near death experience. You're gonna recover quickly. And so we're not helpless, we're not hopeless. There are effective early outpatient treatment strategies that save lives that are inexpensive and readily available.

Jonathan Otto:

We hadn't, some had referred to inhaled budesonide, but not...

Dr. Richard Bartlett:

Not in the detail that I have. I'd like to talk about how it works.

Jonathan Otto:

And I'd love you to talk about how exactly to use it.

Dr. Richard Bartlett:

Yep. Yeah. We can go into that. Well, let's talk about what you do if you have a loved one in the hospital with COVID.

Jonathan Otto:

Yeah. That'd be perfect. Yeah absolutely. Yeah. Okay. Dr. Bartlett, there's the issue of the fact that we know the hospitals aren't giving a lot of the treatments you're talking about, and this is like the horror story of when someone has their loved one in a hospital and they've educated themselves. They know what you've been speaking about. And then how can they get this treatment to their loved ones knowing that the hospitals seem to have a stance either against it or have no idea what we're talking about. What do we do?

Dr. Richard Bartlett:

You know, there's a pat answer that's being pushed on patients right now and their families that we're following the CDC protocol. And that is the excuse. That is the obstacle. That is the opposition to using some effective treatments like nebulized budesonide for treating the Acute Respiratory Distress Syndrome caused by COVID.

So if you have a loved one that's in the hospital, what do you do to help them to decrease their chance of dying? Because just by being put in the hospital, they are at increased risk of death, if you look statistically. And so your chance of dying increases, if you're put in the hospital with COVID. Your chance of dying increases even more, if you're put on the ventilator, so you wanna avoid those things. So, if you have a loved one in the hospital, first of all, you can ask, "Does my loved one have Acute Respiratory Distress Syndrome? Does my loved one have ARDS?"

And I recommend that you record every phone conversation with every doctor and every nurse, every time you contact the hospital, have the recording on. And if your state requires you to give notice that it's being recorded, then tell them. "We're recording this conversation for quality assurance purposes," tell them.

Jonathan Otto:

And you can do that in a friendly way.

Dr. Richard Bartlett:

You can do that in a friendly way. How many times do we hear that every time we get put on hold? "This phone conversations being recorded for quality assurance purposes." Who's against quality assurance? Everybody wants high quality. And so first, record every conversation. Secondly, ask very directly, "Does my loved one have ARDS?" The answer is yes. If someone has COVID and they end up with low oxygen, and that puts them in the hospital, they have Acute Respiratory Distress Syndrome.

Dr. Richard Bartlett:

And once you have them admit that, which sometimes takes a little effort, sometimes you'll get a 3-page answer for a 'Yes' answer. And so you have to help them come full circle. And you have to ask what's the definition of ARDS, and then they have the light bulb come on. And they finally will tell the truth that the loved one has ARDS. The reason that's important is that's late disease from COVID. That's why people are in the hospital with COVID. Because it's no longer a virus that's multiplying causing the problem. Now you have the inflammation in the lungs, that's Acute Respiratory Distress Syndrome. And at the NIH database there're studies that show that budesonide, 1 milligram nebulizer treatments are effective at treating ARDS, even in late disease for patients on the ventilator in the ICU.

Dr. Richard Bartlett:

So, it's definitely effective in early disease. Oxford University proved that with the STOIC and the PRINCIPLE Trial. So that's already science settled, the science is settled. But for late disease, for ARDS, that's how you make your case and make your point that this

will save lives. And we do have situations where people are off the ventilator and home with their families, because they received budesonide nebulizer treatments, something so safe, so inexpensive, so readily available. It just needs to be employed. So, you can first record every conversation. Second, you get the answer recorded that your loved one has ARDS. Third, you ask for an effective treatment strategy that's been proven at the NIH database of budesonide, 1 milligram nebulizer treatments. Many people are receiving that every 4 hours, budesonide 1 milligram nebulizer treatments every 4 hours, and they're having results. People are coming home to their families.

And then if you're refused that, or if you can't get a hold of your doctor, some people have not heard from their loved one's doctor for 2 weeks. Even though their loved one is hanging by a thread in harm's way near death in the hospital, they do not get messages from the doctor, sometimes for 2 weeks. If your doctor is absent, obnoxious, belligerent, rude, you have the right to fire them. And how do you do that? You call the nurses station and you say, "I'm firing the doctor. I need a new doctor immediately." And if they say you can't do that, that's not true. You have that right in the United States. And if they say, "You're gonna have to find another doctor," that's not true. It's the hospital's responsibility to provide a doctor for every patient in their hospital.

Proteolytic enzymes

Dr. Daniel Nuzum

Dr. Daniel Nuzum: ([47:21](#))

So, for everyone around them, there are enzymes. I can't tell you enough how important proteolytic enzymes are. These protein-digesting enzymes are your frontline of defense against this stuff.

Jonathan Otto: ([47:41](#))

You're one of the few people speaking about that.

Dr. Daniel Nuzum: ([47:46](#))

I'm not saying you can take 1 capsule and hopefully get it. This is you're going to have to load up on these proteolytic enzymes, taking maybe 3, 4, 5 times the recommended dose of these types of supplements. So that, not only do they digest your food in your gut, you have extra to spill over into your bloodstream and go clean these spike proteins out of your bloodstream. That's one thing.

Dr. Daniel Nuzum: ([48:14](#))

There's another compound that I've seen research and I've heard a lot of really good things about is the MMS, the chlorine dioxide. Evidently, multiple scientists are telling

me that this does bond to those spike proteins and neutralize them. I haven't actually seen that in the lab. But I'm hearing this. And multiple scientists that I would trust are saying the same thing.

Dr. Daniel Nuzum: ([48:52](#))

Me and my family, we're using proteolytic enzymes. We're using bromelain. We're using protease. We're using serrapeptase. It is different proteolytic enzymes to keep that stuff broken down, because we're going to be exposed. Last I heard, there's 4 billion people who've had this vaccine. And, the rest of us that haven't are exposed to the air that they exhale. We're exposed to the skin that they slough off. We're exposed. And, the closer you are to the person, the more exposed to these things you are. Therefore, these are things that are non-toxic. Proteolytic enzymes are not toxic. And, you can take them till the cows come home, and they won't harm you. Therefore, that's why I've chosen that for me and my family.

Jonathan Otto: ([17:07](#))

Mm-hmm. Awesome. And what about taking proteolytic enzymes while you're fasting, is that beneficial?

Robert Scott Bell

You know that the detox processes are enhanced because you're now not working on assimilating things. You can redirect energies metabolically to break down and removal. So, the facilitation of ingesting, if you will proteolytic enzymes only enhances that process, makes it easier on your body to adapt and adjust. If those - particularly if you've never done this before, you want to make it as easy as possible for you.

Jonathan Otto:

Oh awesome. 'Cause it - that assistance, serrapeptase, bromelain, papain. They were proteolytic.

Robert Scott Bell: ([17:43](#))

Mm-hmm. They're very helpful.

Jonathan Otto: ([17:44](#))

Yeah. Breaking down proteins because SARS-CoV-2, whatever it is, it's a protein. It's a spike protein, snake protein, whatever. It's a protein. And so proteolytic enzymes breaking down protein, the body naturally fasting. This is a great way for people to catch up on.

Robert Scott Bell: ([18:00](#))

Totally.

Jonathan Otto: ([18:01](#))

And this makes sense why pancreatic enzyme therapy was so successful, and then digestive enzymes from natural derivatives are even cheaper, more - something that people could just do on a regular basis.

Robert Scott Bell: ([18:16](#))

Yeah. And people are, their digestive power has been weakened over generations now. So, you know, I have tried to correct that, but in the interim we can't wait. So, these are safe things that we can take from an external source to help facilitate exactly those detox processes.

Nicotine

Dr. Bryan Ardis

If you reference the Italy study with the France study, that took place two months earlier from the submission of the Italy study. In France, they found that the spike proteins - when they ran the genetic sequencing of S1 and S2 spike protein on SARS-Cov-2 - they said they were most identical to two snake venom peptides, the Chinese krait venom and sequences of the Chinese king Cobra venom peptides. Then, they also referenced it had some similarities to the rabies virus also. In that study, if you reference that one and the Italy study and then look at the Department of Justice conotoxin review as a bioweapon affecting neuroreceptors, brain receptors, nerve receptors. It is very clear that in the French study, they said these two venoms from these two snakes that look identical to these spike proteins on SARS-CoV-2.

Dr. Bryan Ardis: ([04:59](#))

We know they said that these spike proteins can cross the blood-brain barrier because beta coronaviruses, which this coronavirus was identified as, also crosses the blood-brain barrier. And they said these target, these two venom peptides, they target what are called nicotinic acetylcholine receptors in the brain that control smooth muscle contraction, including your diaphragm and your heart's power to beat. So, when you attach a venom, like when a snake bites one of these king cobras or creates bite an animal or prey, the actual venom goes past the blood-brain barrier hits the nicotinic acetylcholine receptors suppresses, the diaphragm's ability to contract and then it starts reducing how fast the heart can beat which it's slowing down how much blood flow is

going through the body and the energy and the lethargy of the animal's gonna increase and the animal can't get away.

Dr. Bryan Ardis: ([05:56](#))

So then, the snake just slithers follows the scent until the animal passes out and then it digests it. This is how these venoms work. They also, if they cross the blood-brain barrier, they can up impact any neural tissue in the body whatsoever. But these nicotine receptors, nicotinic acetylcholine receptors are by far what the French researcher said we need to go study.

Jonathan Otto: ([06:20](#))

Yes.

Dr. Bryan Ardis: ([06:21](#))

Because they said these two venoms, krait venom, king cobra venom, they called them and identified them in the research literature as Cobra toxin from the king cobra is one of the spike proteins and then bungarotoxin which is krait venom toxin were the two spike proteins. And they said, "Then we're making an observation around the world that smokers are the least being hospitalized for COVID and dying from COVID-19."

Jonathan Otto: ([06:50](#))

That was in the French study?

Dr. Bryan Ardis: ([06:51](#))

That's in the French study in April 2020.

Jonathan Otto: ([06:54](#))

Yeah, and that's why the Italy study in the conclusions references it and says nicotine should be looked at as a treatment because of the nicotinic acetylcholine receptors being affected by envenomation. And they even said that envenomation the venoms are present where the SARS-Cov-2 infection is present. So, they didn't say the venoms is SARS-Cov-2, even though that's what you and I are saying. They're just saying it's present and because the SARS-Cov-2 can't be identified and completely isolated therefore we're saying no, it's just envenomation but it really did piggyback on it. It was saying, "We need to go deeper. The French study uncovered something in regard to the issue with the neurotransmitters." So basically what we're seeing is there's a signal going in from the venom that is basically in layman's terms shutting down the brain from being able to provide its normal functions of making the heartbeat and reflexes, anything. And this is the reason why you see people go like this, boom and they're on a TV talk show-

Dr. Bryan Ardis: ([07:54](#))

Exactly, right?

Jonathan Otto: ([07:55](#))

We've seen this all around the world, all this footage that's come out of people just dropping as if they just got a king hit to their head and they got knocked out. But that's all, it's the neurotransmitter. Suddenly the venom must have got through into a certain area and then just flipped the switch and they just- I don't know.

Dr. Bryan Ardis: ([08:12](#))

Yeah, this is what happened. So, the French researcher said the actual nicotinic acetylcholine receptors which are ACE-2 receptors which we all hear about that the spike protein of SARS-Cov-2 enters or inserts into ACE-2 receptors and that the spike protein acts like the key to the ACE-2 receptor to unlock the cell that allows the coronavirus into the cell to cause disease. This French study and the Italy study are the two things that have answered more things about COVID-19 to me than anything else I've read. I'm not kidding, for the whole two and a half years. Inside the French study, they said this could answer these two venom peptides, target nicotinic acetylcholine receptors in the brain that controls respiration and breathing and heartbeats. And as the venoms attached to those, it suppresses the body's ability to breathe and contract the heart, leading to respiratory failure.

Dr. Bryan Ardis: ([09:06](#))

And then they said this, "What's interesting about that is the spike proteins target ACE-2 receptors." And I have heard people talk about this the whole two and a half years. I've heard medical doctors galore talk about the fact that the spike protein which is attached to a coronavirus that we're all breathing in is getting into the lungs and the spike protein is inserting into the ACE-2 receptor in the lungs, getting into the lung cells and causing an infection that way. Do you know what's amazing about the French study? They actually say in April 2020 that the ACE-2 receptors don't exist in the lungs. They're only in the brain, the heart, the kidneys and your intestines.

Jonathan Otto: ([09:43](#))

Wow.

Dr. Bryan Ardis: ([09:44](#))

And this is when they said, "If this is a respiratory virus, we would expect to see smokers lined up in hospital beds around the world but that's not what we're finding. We're finding the least hospitalized are smokers, there must be some benefit of nicotine

in smokers getting to the brain to these receptors and the nicotine supply in the body has a higher affinity to the nicotinic acetylcholine receptors and is not letting the venom spike proteins attach to them." They even say in the study that not only does nicotine bind to nicotinic acetylcholine receptors that with the highest affinity for those receptors, it's nicotine, it wants nicotine, it's built to take nicotine. They also mention in the study that reports around the world in April 2020, we're talking two years ago. They said there're reports coming in from around the world that ivermectin is stopping the replication of SARS-Cov-2, the virus, and stopping the disease process of COVID-19. And the scientist in France said, "Right underneath all the mentioning of the nicotine binding to these receptors, this is very interesting."

Dr. Bryan Ardis: ([10:55](#))

In light of the fact that ivermectin binds to alpha-7 nicotinic acetylcholine receptors in the brain stem. Nicotine -- the human body has an affinity to bind nicotine to these nicotine acetylcholine receptors that control smooth muscle contraction. The second highest affinity is ivermectin, the third, fourth, fifth would be the venoms that we're finding in these COVID-19. So, when I read these studies I was like, "Oh my g- This explains so much." Number one, if ACE-2 receptors aren't in the lungs which these scientists said they're not present in the lungs, they're calling this a lung disease, a respiratory virus going into our lungs. I already proposed, even by the time I got that deep into the study, that these are actually just weaponized snake venom peptides that they're somehow getting into our bodies and no different than if you got bit by a snake.

Dr. Bryan Ardis: ([11:51](#))

The only difference is the snake would have a higher concentration of venom and a compilation of their components of venom than it would be if you were exposed in water or in air, if you breathe it in, it's gonna be diluted in those mediums. But not if you concentrate it in a snake and puncture it right into your skin, you get a much higher dose of the venoms there, it's way more problematic and life-threatening.

Jonathan Otto: ([12:16](#))

Yeah, and it's bypassing all the natural ways that your body would counteract that.

Dr. Bryan Ardis: ([12:21](#))

Of course.

Jonathan Otto: ([12:21](#))

Right? So, your body will actually produce- Basically, it would work to produce anti-venom that because you've ingested it's going through the digestive tract, all this kind of thing if it was digested and your body's seeking to get rid of the poison.

Dr. Bryan Ardis: ([12:37](#))

And I am still convinced we're digesting it, I actually believe they're actually doing it through the water.

Jonathan Otto: ([12:41](#))

Yeah.

Dr. Bryan Ardis: ([12:42](#))

Other medical doctors are convinced it is- The weaponized by proteins are weaponized venom peptides attached to a respiratory virus and floating in the air. Where the weapons coming from doesn't matter, it's the weapon because my whole intended bringing this to the world was just like the French researcher said, "We're begging-", they said in April 2020. They were begging governments around the world to do nicotine agent studies using patches and gums with people around the world to see will nicotine from those agents protect people from COVID-19 and these two spike proteins that look like venom, will those work as well as it appears smoking is working for the smokers? Well, the only difference was the rest of the world and the governments and powers that be decided to lie to the entire world as soon as that study came out.

Jonathan Otto: ([21:21](#))

So, the peptides we talked about, these are great subject areas and you can also tell me what you think are missing or what's new and breaking but this mechanism to me is fascinating, I think it's so important. I think about how the injured from the COVID vaccine but even people that have long COVID like this discovery around the nicotinic acetylcholine receptors that it- and it seems like it's that at the moment specifically. It obviously makes me also curious as to whether it's affecting basically all neurotransmitter function or other specific neurotransmitters because... and how do we help the body?

Jonathan Otto: ([22:27](#))

Because there's this approach where you would naturally think if you've got a poison in, you seek to break that down and that's why we're seeing the fasting protocols work where your body will break down proteins when it's fasting, enzymes will help to break down protein. So, I do believe in going directly after it like that and I'm also believing on going after helping the neurotransmitters by using nicotine and other methods. Dr. Tau Braun is talking about Bioperine using that because it works as nicotine does. I don't know enough about how that works but there must be other things that work and that basically allow the brain to do what it needs to do, to send the right signals and basically just turn the switch the other way.

Dr. Bryan Ardis: ([23:12](#))

Yeah.

Jonathan Otto: ([23:12](#))

What are you finding?

Dr. Bryan Ardis: ([23:14](#))

Yeah, so nicotine is one and then so is CDP-choline. You can use choline too but CDP-choline has already proven in research studies to bind very tightly to nicotinic acetylcholine receptors and we have seen even medical professionals post COVID having long haulers brain fog that when they started taking CDP-choline as an alternative to nicotine, within 24 to 48 hours all their brain fog disappear and that's miraculous.

Jonathan Otto: ([23:40](#))

That's a supplement?

Dr. Bryan Ardis: ([23:41](#))

Mm-hmm (affirmative).

Jonathan Otto: ([23:42](#))

CDP-choline.

Dr. Bryan Ardis: ([23:44](#))

CDP-choline. Yep, it's a specific form of choline.

Jonathan Otto: ([23:46](#))

And it's obviously right up the same alley as nicotine because that's the nicotinic-

Dr. Bryan Ardis: ([23:51](#))

Obviously, very biochemical. Synergistically or very similarly structured as nicotine.

Jonathan Otto: ([24:00](#))

What else?

Dr. Bryan Ardis: ([24:00](#))

And I learned that from Dr. Deb Viglione, she was phenomenal.

Jonathan Otto: ([24:03](#))

Awesome.

Dr. Bryan Ardis: ([24:06](#))

Oh, so I'll just give you this. So, CDP-choline - So nicotine, CDP-choline, Vitamin E actually and then all Omega-3 fatty acids, for the brain.

Jonathan Otto: ([24:16](#))

Yeah, got it.

Dr. Bryan Ardis: ([24:18](#))

Also, I wanna touch on this a little bit just because-

Jonathan Otto: ([24:19](#))

What's the ones you said before Omega-3?

Dr. Bryan Ardis: ([24:20](#))

Vitamin E.

Jonathan Otto: ([24:21](#))

Vitamin E, why?

Dr. Bryan Ardis: ([24:24](#))

Vitamin E supplementation because the brain requires fats. And to repair neurons, you primarily need fat. I mean our brains are 60 to 70% in all nerves structured from fat components. So oils and fats are very necessary, Vitamin E, extremely miraculous at helping to heal any kind of epidermal tissue, skin tissue, nerve tissue.

Jonathan Otto: ([24:45](#))

People use it for scars.

Dr. Bryan Ardis: ([24:46](#))

Oh, all the time. Yeah, so we've got a list. It's nicotine, CDP-choline, Vitamin E and then Omega-3 fatty acids are what we recommend.

Dr. Tal Braun

Dr. Tau Braun : ([18:31](#))

helpful way to wrap up this section, which is that miracles can happen when you understand mechanics. So, I had a long hauler to reach out to me recently, and she had lost 80% of hearing in one ear. She's gone deaf in one ear. And, I'm not a medical

doctor, I can't give out medical advice, so what I do with people is I say, "Okay, let me just explain the mechanics of this, and then what you choose to do with it is you."

Dr. Tau Braun : ([19:01](#))

I explained how it works with blocking the nicotinic receptors. I said, "These are some of the ways that you can do to unblock it. And there's two ways that people can block and unblock nicotinic receptors." One is with nicotine: nicotine gum, a nicotine patch, even prescription medication that a doctor could give somebody. And what you're doing over there, is you're sort of forcing more of the problem, and then that causes a release. You have a competition with these. You're unplugging the spike proteins and you plug in them with nicotine, that can cycle through the system quicker. That's one aspect to it. But the second aspect too, is you can do it with piperine, which is very similar molecularly to nicotine. And it also bonds to those nicotine. So black pepper, you can do it with a bioavailable black pepper called BioPerine.

Dr. Tau Braun : ([19:50](#))

And so, we worked out a little strategy together and I said, "Look, I'm not a medical doctor. I don't know what this is gonna do. Discuss it with your doctor and then go for it and see what happens." And it took 6 days and her hearing came back on, after months of being deaf in one ear. Now, is that a miracle? Or is that just going, okay there's these things and their receptors and this is what we could - we can block them, we can unblock them.

Vitamins & Minerals

Vitamin A

Dr. Henry Ealy

I always like to share recovery rates here. So we have the recovery rates and percentages. But I also like to share the actual numbers. This is through September 6th on this one. So in the zero to 4 age range, there have been over 700,000, almost 700,000 recoveries. In the 5 to 17 age range, at least 3.3 million recoveries. In the 18 to 39, over 11 million recoveries. Folks, by and large, the common experience from COVID is not death, is not hospitalization. It's recovery. The numbers don't lie. And this is all, again, CDC data.

So how do we assist this? Well, we assist this by looking at what we can do to, like we said, and we led with, to prime the immune system. So I'm just gonna share some studies that you can rely on, I think, 'cause they're just great studies on this. So the

CDC does something called the NHANES survey, the National Health and Nutrition Examination Survey, to assess what percentage of Americans are deficient in key immunological nutrients. They've done this through 2004, and then we have another summary of studies from 2005 to 2016. And what these studies confirmed was that Americans by and large are deficient in Vitamin A to the tune of 35 to 45% of Americans are deficient in Vitamin A. 37 to 46% of Americans are deficient in Vitamin C. 65 to 95% of Americans are deficient in Vitamin D. 60 to 84% of Americans are deficient in Vitamin E. And 11 to 15% are deficient in zinc. What is this telling us? Americans are deficient in key immunological nutrients. This is why it's so important to prime the immune system 'cause most people's immune systems are nutrient deficient, placing them at very high risk for prolonged recovery times, long haul, very serious adverse events from the infection symptomatology, and fatality.

Vitamin E

Vitamin E is an essential antioxidant that is important for the proper functioning of the organs.

According to an article published by the University of Rochester Medical Center Rochester, [Vitamin E is a potent antioxidant in the human body. It helps the immune system fight infections, it widens blood vessels and this helps to keep clots from forming in them.](#)

One of the side effects of the COVID vaccine that's been reported is damage to blood vessels and blood clotting. Vitamin E can help to combat this and help to heal your body. It is also usually used together with other essential nutrients for total healing.

Dr. Henry Ealy

Vitamin E is an antioxidant that's gonna really protect your healthy cells. It's gonna enhance your B cells and your T cells to be as effective as they can be in response to any infection. This is how we start understanding by looking at the mechanism of action of what these nutrients do for immune cells. It helps us understand how they become immune-priming nutrients, meaning that your immune system is now primed and ready to handle infections, any kind, especially infections that are new to the entire system, as a SARS-CoV-2 would be for many people.

Vitamin C

Scientists have always boasted the benefits of Vitamin C, but these benefits are more prominent now than ever. That's because it has been a key factor in successful early COVID treatments.

It's equally as important for healing the body from post-inoculation injury. That's because Vitamin C is an ascorbic acid that helps with the repair of all body tissues.

According to the National Library of Medicine, [Vitamin C is involved in all phases of wound healing. In the inflammatory phase, it is required for neutrophil apoptosis and clearance. During the proliferative phase, AA contributes towards the synthesis, maturation, secretion, and degradation of collagen.](#)

Dr. Henry Ealy

What's interesting is that the Vitamin C is gonna help increase the circulating number of antibodies, so it's gonna make the immune system more effective. Vitamin C is an antioxidant. When you think of antioxidants, you think of stopping damage before it starts. I think that's really the key way to understand the effectiveness of antioxidants. Antioxidants that we get in vitamin form are gonna be very effective. Antioxidants that we get in the plant world, like some of the polyphenols and some of the anthocyanins that we find throughout the plant world.

So, Vitamin C is also gonna protect healthy cells, including the activated immune cells. It's also going to be specifically antiviral. Now, we don't know if it's antiviral. I haven't seen anything published showing it's antiviral specific to SARS-CoV-2, but we do know it's been antiviral to other viruses in the past.

Now, it increases systemic interferon response. Jonathan, you know how you might get sick and your body starts to get really achy and stuff like that? That's your body producing interferon and interferon is a key substance for your body to produce because what interferon does is it helps block viral replication systemically.

The reason the body has that as a key first initial step is that your body, in using interferon, even though it makes you feel a little achy and you can't get comfortable sometimes when you're laying down and not feeling well, what your body is doing is buying time for your more specific immune cells like the intrinsic cells and B cells and T cells and natural killer cells and all these wonderful specifically and very effective cells, it's buying time for them to study the virus, study the infection, and learn how to kill it. So, your body has all of these different levels of immunological response. Some of them are systemic, some of them are very specific, but it's all this incredibly well-coordinated response that we need to enhance.

We have a study from Dr. Cheng and Dr. Anderson that shows very, very clearly the effectiveness of IV Vitamin C, high dose Vitamin C therapy, in the recovery, the

accelerated recovery, of hospitalized COVID patients. The study that's cited here, 50 out of 50.

So in this study right here, so this is Dr. Anderson's work on this, he just was awarded the Naturopath of the Year by the AANP, and he published this, look, March 24th of 2020. We've known this for a long time, we've known all this for a long, long time. One of the things right here, and this is where he's citing Dr. Cheng's work. Dr. Cheng worked in the epicenter in Wuhan.

So they had a study early on, that was actually published on March 17th, 2020, where they had 358 total COVID 19 patients, and so, 50 of them were deemed severe, moderate to severe. So what they did in that moderate to severe group, was they said, "Well, let's use IV Vitamin C high dose on them." And that's where you see, IVAA, intravenous ascorbic acid. They used high dose IVAA, very inexpensive, very effective, and this was what was observed in that study. No mortality, no one died out of the 50, all 50 recovered, no side effects for anyone in there. And on average, the people who were- the 50 patients who were given the intravenous Vitamin C, on average recovered 3 to 5 days faster than the people who did recover who weren't given the intravenous Vitamin C.

So, of the group that didn't get Vitamin C, some of them died, as well. Some of them didn't make it. But out of the 50 who were moderate to severe COVID, in terms of symptomatology, all 50 recovered and recovered faster than the other group. That seems like something we should be sharing.

Dr. Bryan Ardis

If they're using in their research studies snake venom phosphodiesterase, this substance found in snake venom that kills people and cells in your body, if they are using that in their research studies, I'm worried they were paid by Anthony Fauci to do gene editing therapy. And they're the ones that created the mRNA shots. They were doing gene editing therapy with mRNA for 13, 14 years now, I'm aware of.

Dr. Bryan Ardis: ([31:37](#))

And if they were using snake venom phosphodiesterase to cleave and do gene editing therapy and we know that these mRNA shots are designed to be gene editing therapy and to get your body to replicate new cells with the spike protein in it, I'm worried they're using snake venom phosphodiesterase that's weird. When you buy or look up to purchase this stuff for research, snake venom phosphodiesterase, you can buy a bottle of it for \$133.

Dr. Bryan Ardis: ([32:02](#))

You know what it says as a descriptor? It says the person purchasing this needs to understand you cannot mix this snake venom substance, which cleaves or cuts genetic material in half to insert another gene to make a hybrid. You can't use this and mix it with glutathione, any cysteine products like N-acetyl cysteine and ascorbic acids like Vitamin C.

Dr. Bryan Ardis: ([32:29](#))

So, if it inhibits completely and destroys this substance that can get into your cells and cut DNA and RNA in half to get the mRNA they want that they've injected into you into your body. If the manufacturers of this stuff are warning you that this stuff will destroy that in your research, and you won't be able to do gene editing therapy with it, I think everyone should be on NAC.

Dr. Bryan Ardis: ([32:50](#))

Everyone should be on Vitamin C who's got these shots at high doses, 5,000 to 10,000 milligrams every day. If you're having long symptoms, long-lasting chronic symptoms after getting these shots, why would you not, knowing this, why would you not go try intravenous infusions of glutathione and Vitamin C?

Dr. Bryan Ardis: ([33:08](#))

I would do a few of those and see if you see miraculous changes. If you can destroy snake venom phosphodiesterase or anything synthetically that looks like it that might be in these shots to do the gene therapy, that those people, Drew Weissman and Katalin Kariko have been using in labs for years. If you've got that inside of you and you want to stop the trauma, you might wanna use something that's proven to inhibit it all that manufacturers say inhibits it and destroys it.

Dr. Bryan Ardis: ([33:36](#))

I would be on glutathione or NAC that helps with making glutathione and a combination with selenium at 200 micrograms, then I would absolutely be on Vitamin C. It's that protective. All of you should be in.

Jonathan Otto: ([33:51](#))

You could do IV therapy.

Dr. Bryan Ardis: ([33:53](#))

If it was me and I had massive amount of symptoms post getting the shots, I would absolutely look to get IV infusions. Why would I not of glutathione and Vitamin C? Get it

in your blood as fast as you can. They injected it into your body bypassing your gut to get it into your bloodstream as fast as they could.

Dr. Bryan Ardis: ([34:12](#))

Why don't you use nutrients that are inhibitory to those substances that the creators of the mRNA shots you got that they were using to cleave your DNA? Why not use it?

Jonathan Otto: ([34:23](#))

You could basically do that daily or bi-daily for a few weeks or something like that. What kind of approach to people what would you say? What would you do?

Dr. Bryan Ardis: ([34:34](#))

I would actually consult an infusion center that's what I would do. A nutritional infusion center or there are mobile units around the country that actually will come to your house and do infusions of glutathione, Vitamin C. And I would look for that and they're the experts in that.

Vitamin D

Vitamin D is one of the most important nutrients required by the body. Especially when you are experiencing adverse effects from the COVID vaccine. In fact, an international expert on vitamin D, Anthony Norman from UC Riverside, [lists 36 organ tissues in the body whose cells respond biologically to vitamin D. The list includes bone marrow, breast, colon, intestine, kidney, lung, prostate, retina, skin, stomach and the uterus.](#)(19)

Additionally, many of our experts have stated that Vitamin D is a real key in recovering from a COVID infection. It is equally as important in helping your body heal from a COVID vaccine-related injury.

Dr. Peter McCullough

Vitamin D, 5000 International Units prevention. There's a meta analysis showing that if we achieve a vitamin D level in the blood of 50 or greater, there's almost a 0 mortality with COVID-19. It's an extraordinary relationship.

Dr. Henry Ealy

We have a lot of great stuff on Vitamin D, specifically from the c19early.com website. This is their specific Vitamin D page on there, but really great. These folks here, I don't know who they are, but they have organized so much research, virtually all of the available research from around the world, for everything from ivermectin and

hydroxychloroquine to Vitamin D, Vitamin C, Vitamin A, so you can see what the scientific literature is actually saying instead of having to be reliant on a narrative.

What that takes us to is in the use of evidence-based interventions. What that takes us to is understanding that we can prevent things like long-haul syndrome. One of my theories for long-haul syndrome is that it has a lot to do with severe nutrient deficiencies that were unaddressed. I still don't understand why 20 months into this we are not testing every single person who is hospitalized for their Vitamin D levels. I mean, I'm gonna show you some stuff on Vitamin D levels in a little bit that's gonna blow your mind. Some of the stuff that we have on Vitamin D levels just shows conclusively that when we get above 50 nanograms per milliliter, 50, 55 nanograms per milliliter of Vitamin D in the bloodstream, that recovery is a virtual certainty, and actually, it can act as a preventative for infection as well.

So, one of the things to consider if you are experiencing long-haul syndrome is to discuss the possibility of nutrient deficiency with your medical team and see if there's ways that you can assess that, such as a simple Vitamin D test, and see if there are certain ways that you can also augment that. I think if we're all in this together, then all possibilities should be on the board, and so far throughout the world, I have heard of exactly zero instances of Vitamin D injuring a person. We have no reports of that that I am aware of and we have literally billions upon billions of doses administered every month over the last 20 months globally, so that should tell you about that's the kind of safety profile we're looking for.

Vitamin D, 3 studies tested the blood levels for Vitamin D and this was a takeaway. Taking an initial loading dose of 20,000 IUs of Vitamin D for 2 weeks can help to raise the level to an adequate level to lower the risk of infection. Well, where are they coming up from this? A Philippine study showed that with a deficient Vitamin D status where you're under your 50 nanomoles per liter, 50 nanograms per milliliter, the probability of becoming severe or critical with COVID was 72.8%, against just 7.2% with people who had adequate amounts of Vitamin D. Indonesian studies, same thing. With the deficient Vitamin D status, the mortality rate was 98.8% against just 4.1% with adequate Vitamin D. This has been out there. We've known this virtually from the beginning, folks.

This study, oral Vitamin D and modest amount 1000 IUs every day, oral dose, magnesium and a little bit of B12. What happened? A significant reduction in the proportion of patients with clinical deterioration requiring oxygen support and/or intensive care support. This is how a little bit of nutrients can go a long way for reducing symptomatology and reducing the necessity for hospitalization, especially intrusive hospitalization, such as intensive care, ICU or ventilation.

Another study, 10,000 IUs a day of Vitamin D3 for a few weeks rapidly raised Vitamin D concentrations. And then you can lower it down to 5,000 IUs. So loading doses, they're talking about loading doses here. And this is a great strategy, something we've been using in medicine for years. Getting the bloodstream built up with nutrients. Another great study here by Castillo and company, of the 50 patients treated with Vitamin D3, zero deaths occurred. All 50 patients were eventually discharged without complications. How cool is that, right? Another one, Vitamin D by Marcos and company. Vitamin D deficiency is associated with higher infection rates, increased incidence of sepsis, and increased mortality risk among critically ill populations. This is all specific for COVID-19, folks.

Here's one of my favorite studies on Vitamin D. A total of 191,799 patients were included in this study. This was a study where they measured the serologic levels of Vitamin D in the bloodstream. Of the SARS-CoV-2 positivity rate was higher in the 39,190 patients with deficient levels of Vitamin D, that's 25(OH)D, that's Vitamin D. So people who are below 20 nanograms per milliliter, they were higher in terms of contracting the virus than the 27,870 patients with adequate levels. So people between 30 and 34 nanograms per milliliter. And the 12,331 patients with a value of 55 or higher. So what they're showing here in this one is that you are twice as likely to contract the SARS-CoV-2 virus if your Vitamin D levels are below 20 nanograms per milliliter than if you are at 55 nanograms per milliliters.

So this starts to establish a benchmark. And here's their conclusion. SARS-CoV-2 positivity is strongly and inversely associated with circulating Vitamin D levels. A relationship that persists across all latitudes - it doesn't matter where you live; races and ethnicities - doesn't matter what your cultural heritage is; both sexes - doesn't matter your gender; and all age ranges - doesn't matter how old you are.

The more Vitamin D you have, if you get yourself above 50, 55 nanograms per milliliter, you are gonna be half as likely to be infected. And because of that, it's going to reduce the potential for severe symptomatology and reduce the necessity for hospitalization. How much? This is a study that is in pre-print, just came out a couple of days ago. This study shows that they did a regression analysis which suggested a theoretical point of zero mortality at approximately 50 nanograms per milliliter.

So these folks assessed the literature and found that, if people are above 50 nanograms per milliliter in Vitamin D3, it's a virtually a zero mortality rate. That's how important Vitamin D is. Their conclusions, despite ongoing vaccinations, we recommend

raising serum Vitamin D levels to above 50 nanograms per milliliter to prevent or mitigate new outbreaks. Simple stuff. Little bit of nutrition goes a long way.

Dr. Joseph Mercola

Vitamin D is absolutely crucial. This is probably the single most important intervention. And you may have heard of this from others, but every single protocol, this is one of the crimes that's been committed is that every outpatient treatment has been suppressed by the mainstream media, discouraged. And that has resulted in hundreds of thousands of people dying unnecessarily and many people being crippled as a result of that. But what's been consistent with all these protocols is the need for Vitamin D.

The problem with vitamin D is that it really doesn't work that well, if you start to supplement when you're sick. I reviewed the evidence with this on a paper I published last year, actually 2 years ago now in *Nutrients*, which is a nice peer review journal. It's available for free in PubMed. You could just type that title in there. It'll come right up. I also have a website stopCOVIDcold.com. Just all those words put together, no hyphen stopCOVIDcold.com, where you can download it for free. It goes into the specifics and the details, and this is the website. Vitamin D does a whole variety of different things. But this is a really powerful study where they found - it looks complicated, but it really isn't. So on the far left, you see...

If you had a level of less than 20 nanograms per ml (Vitamin D), that you were 96% likely to have critical or severe case of COVID. They just randomly, not randomly, but they evaluated all the COVID cases and then took their Vitamin D levels and did a correlation. This is not causation, it's correlation, but it's a pretty powerful component. As your blood level went up, even to 21 to 29, it was still pretty bad. But once it hit over 30, things turned around. It was incredible.

It actually switched around to the point that 96% of the people had mild disease if their level was over 30, which is just crazy good. So that's pretty compelling data, but there's many others. The data is so strong. I mean, there's a few randomized controlled trials, which is technically what you need to prove it, to help quasi prove that it's gonna be useful, but there are statistical evaluations that you can do that can prove it even without those. So it's important to know that even if you're not using it for COVID-19, Vitamin D is one most important molecules in your body. It literally is responsible for modulating thousands of genes in your body for either turning them off or turning them on. And these are some of the implementations of it. So, it's important to get it done.

Ideally, if you're doing this now and you're not sick, put on your to-do list, that get your Vitamin D level measured, your blood level measured, or anyone you care about. It

should be 60 to 80. And if you're an adult and it's much lower than that, you're gonna wanna go in about 8,000 units. If you're really heavy, you wanna go maybe more, 10 or 15,000 units. If you're a lightweight, like a small woman, a hundred pounds, then you may only wanna do 4 to 6,000. So- but you got to take it beforehand. Now, if you're from a foreign country, actually that would be 150 to 200 nanomoles per liter, which is the units that are used in Canada and much of Europe. So the 8,000 units a day is what the key recommendation is.

But here's the key, and I didn't really appreciate this until recently, that, and it's now my strong recommendation. So if you're viewing this and you or someone you love doesn't have a history of taking Vitamin D supplementation, has not had their blood tested, and it's like the middle of the winter and they're not going out in the sun. Then you're gonna want to take a bolus dose of anywhere from 100,000 to 300,000 units once. Once. It's a one time dose and that should cause your body to rapidly convert it to the active form because if you just take the 8,000 units, it's gonna take you 3 to 4 weeks to gradually build up to the level where - maybe it may take by 2 months, so you wanna take it all at once. It's not dangerous to do. You can buy 50,000 unit capsules.

You can get them on Amazon or online. Some health resource have it, but it's not unusual to find that. They're not very expensive. Vitamin D is one of the least expensive supplements. So I would do that. That is the rescue dose. And then at the same time, after a day or 2, then start on the 8,000 units because eventually that 200,000 unit dose is gonna start dwindling and you'll need more, but that'll give you the benefit.

It makes something called cathelicidins, which is a microbial peptide, antimicrobial. It's called AMP, an antimicrobial peptide. Vitamin D causes your body to make that, which fights all these infections. So it's really powerful. Now here's another one that doesn't cost you anything, and this one's going to save you money. Now, if you're-- I don't typically recommend it. Jonathan, you got to mute because the sound is coming through. Yeah.

I don't recommend taking Vitamin D if you're able to get sunshine and live in a warm place. I live in Florida and I just got my blood tested yesterday and got the results this morning. And even though as we're recording this, it's the middle of January and my level was 61 and I haven't taken Vitamin D for over a decade, oral Vitamin D. It's all from the sun exposure.

So you can get it without having taken anything. So you could optimize your Vitamin D for free. The practical issue is most people in the United States are not gonna be able to

do that because they don't live in Florida or somewhere south of Florida. So take the Vitamin D.

Zinc

Did you know that [Zinc is necessary for the activity of over 300 enzymes that aid in metabolism, digestion, nerve function and many other processes?](#)

According to the US National Library of Medicine, [Zinc plays a major role in regulating every phase of the wound healing process; ranging from membrane repair, oxidative stress, coagulation, inflammation and immune defence, tissue re-epithelialization, angiogenesis, to fibrosis/scar formation.](#)

It's no wonder it's an important substance in aiding your recovery from adverse reactions to the vaccine.

Dr. Vladimir Zelenko

Well, I've been trying to understand the forest from the trees, basically reverse engineer a complex and really what I consider the worst crime in human history. And there's certain connecting the dots that, I'm losing my voice, connecting the dots that I've been able to do. And so for example, there's a 20-year patent trail that describes the development of a weapon of mass destruction called COVID-19. There's nothing natural about it, and it was modified in stages over 20 years and then deployed on humanity. But what I didn't realize, what I used in March 2020 to develop my treatment protocol was a paper talking about zinc and zinc ionophores, but I didn't realize who the author was, which was Dr. Ralph Baric of that paper. And that name should mean something because at every single stage of the development of this weapon of mass destruction, like the Ralph Baric from the University of North Carolina-Chapel Hill was the author of the papers with other scientists. But, he is the consistent name and it was all funded by the United States government, NIH and other sources.

So, what I found unbelievable was that in 1998 and '99, they figured out cross-species transfer. In other words, I'll give you an example, take a rabbit virus and make it infect a horse, something weird like that. In other words, converting a virus into another type of same virus but infects another species, and that was done in '98, '99. In 2002, separately, a coronavirus was modified to destroy human lung tissue and cause blood clots, and there's a patent associated with that and Dr. Ralph Baric's name is on it. And in 2015, they figured out how to take a bat coronavirus and have it infect a human being. So, the technology about cross-species transfer and the weaponizing the actual payload of this virus to destroy human lungs, and then figure out a way to have it infect human beings were all done by Dr. Ralph Baric. But in 2010, he created the antidote.

I would assume that even sociopaths don't want to die themselves or the people they care about. So, they created a way to control or turn off the threat of this virus using zinc ionophores and zinc. And so this was premeditated. And then last year when doctors like myself, out of necessity because we had dying patients came up with these types of solutions, immediately as if it was choreographed, access to these medications was suppressed, knowledge about these medications was suppressed. Doctors who were advocating for their use were de-platformed. And so, what's very -- Excuse me. What's very telling to me is that in New South Wales in Australia, doctors that prescribe hydroxychloroquine or Ivermectin go to jail for 6 months and they tell you why?

Dr. Peter McCullough

Zinc, 50 mg elemental zinc is an inhibitor of the polymerase. Many adults are zinc deficient. Almost everybody is zinc deficient. So that needs to be their vitamin D five thousand international units prevention. And that analysis shows that we achieve a vitamin D level in the blood of fifty or greater. There's almost a zero percent mortality with COVID 19's extraordinary relationship and then with the Q chip. And now we use 20000 international units a day of vitamin C. Not much data on prevention, but clearly an active treatment is three thousand milligrams a day.

Dr. Jane Orient

The four pillars of treatment: Contagion control, early treatment, then In-hospital treatment, and Vaccination. The second pillar, which is an early home treatment, is the one that has been largely neglected here. And that's what we are emphasizing. The 3 stages of the disease are, first, when the virus is replicating. And then when you're having all types of inflammatory symptoms, and then finally the blood clotting, which is probably the way that most people die. And so you want to stop things while the virus is replicating, but after that, there are things that you can do to cut down on the inflammation or to prevent blood clots.

Zinc sulfate helps to get the treatment inside the cell. The zinc sulfate needs to get into the cell and the quercetin and also Hydroxychloroquine helps to penetrate the cell so that it can prevent the virus from replicating when it gets into the cell.

Dr. Henry Ealy

Zinc has these wonderful, wonderful attributes. One of the things that it's gonna do is it's gonna increase binding capacity and it's gonna optimize the immune cells to be more effective at killing, all right, the exact thing we want. What it's also gonna do is when it gets into the cell, zinc, when it gets into the cell, is it's going to help the cell produce an

enzyme that, again, now at a cellular level blocks viral replication. Just like we have interferon that's blocking viral replication throughout the entire system, your cells have defense systems as well. One of the defense systems that your cell has is a enzyme that it's going to help block viral replication. Well, that is a zinc-dependent enzyme, so the trick is getting zinc into the cell.

Conclusion

When it comes to healing from COVID or a vaxx injury, there are so many options available that have proven to be safe and effective. Our experts make it clear that early treatment is extremely important and can drastically reduce your chances of getting seriously ill or hospitalized.

It is also vital to detox your body or use the treatments that were covered in this eBook if you've received the deadly jab. And even if if you haven't been vaccinated, you're still at risk from the shedding of spike proteins from those around you. Fasting is a very good additional protocol that you can follow along with these treatments and protocols to fully restore your health.

Many of these are also very effective at helping you to boost your immune system and protect you from getting very ill with COVID. We hope that you find these useful and that whether you're struggling with long COVID, a vaxx injury or even autoimmunity that you'll experience recovery in no time.