



Reclaiming Wellness

Expert Treatments to Thrive
After COVID Bioweapon Damage

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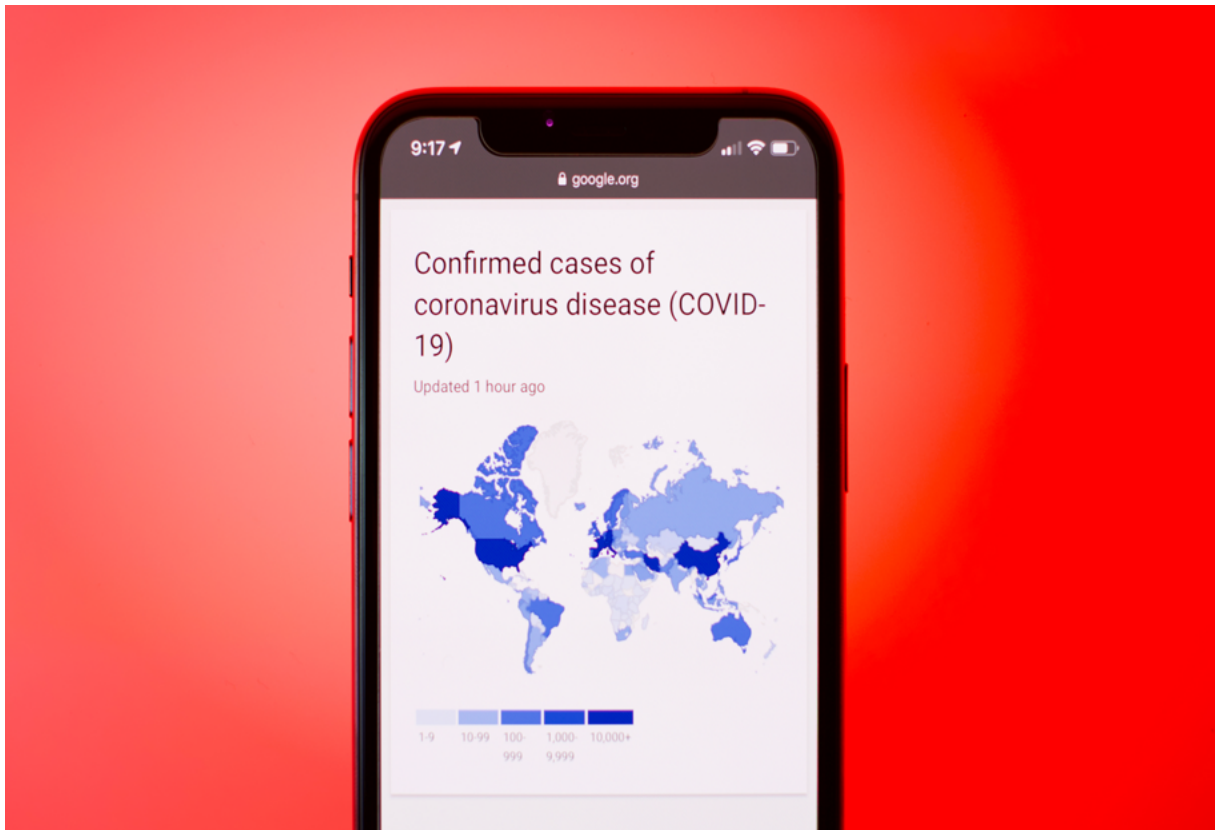
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Introduction



COVID-19 has had a significant impact on global health, economies, and societies worldwide. It has caused millions of infections and deaths, overwhelmed healthcare systems, led to lockdowns and travel restrictions, and disrupted various sectors. Ever since the COVID Bioweapon attack that started in 2020, we have seen a rise in diseases and illnesses we have never faced to such a degree ever before.

According to OpenVAERS.com, there are currently **2,476,743 reports of the COVID “vaccine” adverse effects through 12 May 2023** (and this is only 1% of the true number!).

This is something we need to take seriously if we wish to restore our health back to what it should be.

In this transformative ebook, we embark on a journey of healing and restoration, empowering you to overcome the challenges posed by the aftermath of the COVID bioweapon.



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Understanding The Effects of COVID Bio Weapon Damage

Dr. Martin said in the 2023 Covid summit hosted by the European Parliament, “The weaponization of nature against humanity will have dire consequences.” He later went on to mention, “COVID-19 was an act of biological warfare perpetrated on the human race. It was a financial heist. Nature was hijacked. Science was hijacked.” <https://www.youtube.com/watch?v=zlofhsTEO9k>¹

Dr. Ed describes how the COVID-19 Vaccines are affecting the human race, “How is that affecting people right now? Well, a few different ways. Number 1, if you’ve been injected with the bioweapon once, twice, each time you get injected, it creates a destruction of your immune system. It starts changing your DNA, and your body starts producing what the alternative doctors are calling spike proteins, but we’re not 100% sure if that’s the only thing or the level of damage to the DNA because there’s no tests currently available that will determine that damage or repair mechanisms of your DNA depending on how many shots you’ve gotten. That was done that way by design. They don’t want you to be able to see what they’re doing or test what they’re doing.” “Now, obviously, the more injections that you’ve received, the worse off you’re going to be.

We don’t know for sure, but it’s generally predicted through multiple virologists, pathologists, scientists that are out there, including me, with what we’ve seen that... Now, with that being said, God is always the ultimate and can create miracles. Just from a physical, biological standpoint, it doesn’t look like the survival rate is going to be longer than 5 years. And the reason we say that, it’s not just me, is because we’re seeing a 6,000% increase in cancer cases. We’re seeing an increase in liver disease. We’re seeing an increase in viral, bacterial, parasitical, mold, fungus replication. We’re seeing brain issues. We’re seeing lack of memory issues. We’re seeing cardiac issues, lots of cardiac issues, myocarditis, pericarditis, inflammation in the arteries, in the veins, around the heart. We’re seeing fibrous clots. We’re seeing strokes, increase in diabetes. And the one thing that you’re seeing everywhere online is the unexplained deaths that are happening or died suddenly. That’s the phrase that we’re seeing. And unfortunately, the doctors in the medical systems are not putting 2 to 2 together and saying, “Why are all these people dying suddenly? Well, let’s compare that to whether or not they got the injection or not.”

COVID-19 has had a profound impact on individuals’ wellness and overall health. While the severity of symptoms can vary widely from mild to severe. COVID-19, the disease caused by the SARS-CoV-2 virus, can have various dangers and ongoing side effects, both during the acute phase of the illness and in some cases after recovery. Here are some key aspects to understand:

Respiratory Complications

COVID: A DEADLY A HISTAMINE RESPONSE - **DR. SHANKARA CHETTY**

I am a natural science biologist, and a general medical practitioner. So my background in science is with advanced biology, genetics, microbiology and biochemistry. And then I went into medicine and became a general practitioner. And I practiced in the town of Port Edward, where I see a diversity of clientele. Now, before the pandemic came to South Africa, I wanted to know what was going on. So I heard about this supposed viral infection that was causing a respiratory kind of infection in China and people were dying. And so I wanted to get some information. By the time it got to Italy and before it got to South Africa, there were a few things I was confident of. One, it was definitely a transmissible pathogen. Secondly, clearly there it was causing respiratory illness. So I knew definitely I'm dealing with what might be a virus and with a respiratory kind of illness.

But from looking at the virus itself, Jonathan, with my understanding of genetics, I looked for the first studies when the genome of the virus was first released from China, the first genomic sequencing. I looked for any studies that were comparing that genomic sequencing to the original bat virus. 'Cause I wanted to see differences. How did a bat virus mutate and start to infect human beings? I was looking for any angle to see what would make a difference in the pandemic. And what I found fascinating was that clearly you could see that the genome was spliced and an insert put into it. Now that kind of thing only happens through a lab manipulation of a genome. Genomic sequence mutations in nature don't occur as pieces. They occur one alphabet at a time. So clearly when I saw this genome spliced and an inserts put into it, I knew straight away I'm dealing with a lab-made virus.

Whether it was intentional or not, whether there was any motive behind it, I couldn't tell. But I knew it came from a lab straightaway. And that sequence was exactly in the area of the genome that codes for the spike protein on the virus itself. So I looked at it and I thought, okay, I'm gonna be dealing with a lab-made virus. And so, I set myself up to examine patients and figure out how this virus actually causes the death that it causes. Now, from the information clinically that was coming from around the world, all we knew was people were getting breathless and dying. And you could tell that the breathlessness seemed to be very sudden in onset cause people were dying on the road. There were incidences of people on the street collapsing and dying, and if there's a progressive breathlessness, you're sick, you'll stay at home.

You're not gonna be walking around the middle of the road breathless. So it showed that this was quite a quick onset, rapidly progressive kind of illness. And they were catching it far too late as far as I was concerned. 'Cause the deaths in hospital were just far too great. And I wanted to figure out how the illness started, how it evolved, and how it got to the point where you needed to go to hospital where the ventilation was required, the oxygen was required. So, when COVID first case came to South Africa, I think I was the most excited guy in my country. I pitched a tent outside my surgery so that I could see patients outside in this tent. Sunlight, ventilation, things like that. So I don't get infected. I put up two pagodas outside so that I could keep the COVID patients away from the COVID suspects.



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And only those without symptoms could come into my practice. So my practice remained fully open. But I was seeing all the different kinds of patients – COVID, non-COVID and going into my practice sanitizing and seeing all the other patients that were there for other issues. And so, I wanted to figure out exactly how the illness progressed. So initially, I'd say with the first 20 patients, every single one of them came in with a sore throat, body aches and pains, a bit of fever and the commonest symptom, a loss of smell and taste. And that as well, I interrogated that symptom 'cause it's uncommon with the flu to lose your smell and your taste that way. You could see clearly there was a loss of taste, to salt and sugar, but there wasn't a loss of taste to bitter. Bitter was preserved. So that unique symptom of loss of smell and taste and the uniqueness of salt and sugar and not bitter taste lost was a very unique symptom in that variant of COVID and could be used to determine a COVID infection. So, you didn't have to do a fake PCR test to tell if a patient had COVID. You just needed to see whether they lost their smell and taste and typically how the smell, how the taste got lost. So I started to see these COVID patients and every single one of them within two or three days showed clear signs of recovery. The fever went away, the body pains went away. They started to eat again. They felt like, "I'm getting better." And then, I got the first few patients presenting back breathless. And I told everyone, you get breathless. You start coughing up phlegm, anything happens in your chest, you come see me immediately.

So I got the first few patients that came in breathless and on questioning them, this breathlessness that they experienced was very unusual. Every single one of the five patients came back exactly one week after their first day of symptoms. So that means if you woke up on a Monday feeling unwell, Sunday you were perfectly fine. On Monday, you got up and you had a bit of body ache and pain. And by Wednesday you had a full-blown flu. You came to me on Thursday with body aches and pains and the rest. And I questioned you and you said, "No, it started on Monday." So I'll put you on symptomatic treatment. But I'd warn you about the following Monday, the eighth day. Now why I did that, all these five patients started getting breathless, the second part of the illness on that exact one week timeline, not the seventh day, not the ninth day, it was always on the eighth day. And it was only in a subset. Not all 20, just 5 of them. The other 15 remained recovered. It was just a small sore throat that went away. And they were fine. These five on their respective eighth day got up in the morning- Now remember on the seventh day, these five thought they recovered. Some of them were playing spot, they thought they got over the flu and they were done. They got up on their eighth day, felt tired that morning. By lunchtime, started noticing that they're getting breathless. And by evening were needing oxygen and struggling. So from looking at that progression, from morning to evening you've gone from normal to critical. There are very few things externally that can make you decompensate in such a short space of time. So I was thinking, I'm dealing with the biphasic illness here.

There's a second part, and it only affects a certain percentage of the population. The rest recovered. And the first part and the second part are not dependent on each other. I had people that came in feeling very sick with the virus and recovered unconsequentially. I had people came in with a sore throat that they recovered from. Within a day, they felt better and they thought they're done. Exactly one week later, they were the most critically ill, almost died within two days. But you just had a sore throat for a day. And then you spent the rest of the six days perfectly fine. And suddenly on this eighth day, nearly died. So, I clearly saw that there was a second part to this illness and a very clear sudden decompensation. Now, when you look at what can cause you to decompensate in that way, it's either a severe anaphylactic to anaphylactoid reaction to an allergen, something you're allergic to.



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You are allergic to peanuts. You had a peanut, your face swelled up. If I don't treat you within a day or two, you're gonna die from that. So I gotta be quick and aggressive to address that allergy. The second thing that can kill you quickly in that manner is an exposure to a venom. If you get bitten by a snake, if I don't treat you within a day or two, you're gonna die from it. And especially the more severe venoms. And again, with the snake bite, you gotta get to it quickly and aggressively to save that patient's life. And both the treatment modalities, Jonathan, are very much the same. You're stopping an overreaction in the body cause it's the overreaction that kills you, not the poison or not the trigger. The peanut didn't kill you. It was your reaction to the peanut.

Same with the snake venom. Your body has the ability to actually clear it, but the overreaction that it causes and the cascade of events that it causes is what kills you. So if you can stop that cascade of events, your body can take care of the poison. If you can stop the reaction, you can live in long enough to spit out the peanut. So, quick and aggressive. So I looked at it and I thought, "Well, I'm dealing with this as a second phase, one of these two things." Now in treating that, you got to use steroids, antihistamines, montelukast, platelet-activating factor. So I started first with the steroid, I looked at how long it took for these patients to recover. It took about four or five days once I had established that, and I knew it's safe. I'm not having any death with this.

With the first four patients. The fifth patient, I did exactly the same steroid, and I gave her one day of antihistamine to see if it improved her recovery type, because I'm dealing with an allergic process. And what I found, she was a patient, 80% saturation, came in on day eight. So, the day before she was fine, suddenly decompensated and came in 80% stats, diabetic, hypertensive. So I gave her a kidney's dose of Phenergan for that day. And I said, "Well, let's see how you do tomorrow." But I knew with steroid alone takes 4 or 5 days. We phoned her the next day to see how she's doing. And she was perfectly fine washing the dishes, perfectly fine. So straight away, just adding an antihistamine to that steroid, it's sped up the recovery. So straight away, that proved to me that the antihistamine was the most vital thing in treating the reaction.

But remember, I only gave her one day of antihistamine. And if you don't give it for a long enough time, you'll get a rebound very quickly if you stop it, too quickly. So I wonder when I found her the next day, and she was fine, I wonder, I said, "You don't have the antihistamine the following day, I expect the breathlessness will come back, the reaction will start again, and if it does, you come back to me. I need to continue the course of that medication." And the very next day, she was breathless again, came back to me, put her back on the antihistamine and all the others, and the next day she was fine again. So straight away I realized I'm dealing with a hypersensitivity trigger on the eighth day. And if you don't catch it quickly and aggressively, it will spiral out of control in no time.

So what you're getting is a hypersensitivity trigger with a release of mediators – histamines, leukotriene, platelet-activating factor, like in a bee sting when you're allergic to that bee sting. And if you do not mop those up, they're going to cascade to a whole range of other events. It lead to hyperinflammation, hypercoagulation, which we saw the clotting and the cytokine storm and all that kind of thing. So, my understanding came from hypersensitivity or the sudden decompensation. With treating patients, I saw these miraculous recoveries. Everyone within a day two were back to their old selves. So I published an article about it, Jonathan. I had researchers Marcus Sanchez and Kennedy Day who looked at secretions from people's lungs and they as well found a high concentration of histamine in the lung.



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THE CENSORSHIP OF BUDESONIDE, A LIFE-SAVING MEDICINE - **DR. RICHARD BARTLETT**

I've been practicing medicine in West Texas for 30 years, and for seven years I was asked to be an advisor to Governor Rick Perry on the Texas Health Disparities Task Force. And the purpose was to give the Governor, Lieutenant Governor, and Speaker of the House advice on how to make access to quality healthcare for all Texans more accessible. And we accomplished a lot of things. And after seven years, I was surprised to receive the Meritorious Service Award from the Texas Health and Human Services. I've been a medical expert for CBS Texas, CBS7, which is the West Texas affiliate for CBS News for over 20 years. And we did a lot of community service. I was on the board for Head Start, the vice president of the local Head Start program for a while, went on medical missions.

Actually, I'm the medical director for the International Medical Missions with a organization called World Missions Alliance, and been all over the world. To North Iraq, when ISIS was there, we were in Duhok, Iraq, which is North Iraq, when the city was infiltrated by ISIS, and providing medical aid. Been to Egypt right after the Arab Spring, and it was kind of dangerous, a lot of bad guys everywhere. ISIS, Al-Qaeda, Muslim Brotherhood. Lots of danger, but I happen to be a Christian, and so as Christians, we pray and we help other people and we see God do some amazing things. And so, I've seen some things that nobody's going to ever talk me out of that are good.

And so when COVID hit, everything changed. And I saw that before COVID we weren't helpless or hopeless, and the messaging was hide in place, shelter in place, be afraid. Be afraid of your neighbor, be afraid of killing grandma, be afraid of getting sick, be suspicious of your neighbor, be scared of what you can't see. And a lot of it was nonsense, obviously nonsense to me, anti-common sense and anti-science. And so I, as a Christian, working in the ER in March of 2020, began a 48-hour shift in the emergency room and had no treatment strategy for COVID, because we were told, "There's nothing you can do. Just hide in place and wait for Anthony Fauci to lead the charge for coming up with a magical vaccine that's going to solve the problem."

And I knew that was ridiculous because we had a similar situation that we were chasing with vaccines for the last 30-something years for influenza, a highly contagious, rapidly mutating respiratory virus that was killing tens of thousands of Americans every year, and a vaccine wasn't the answer then. And every year we saw that, many times, they missed it. And so, I thought that was ridiculous. And so during that shift, I was praying for a strategy to help people. If they came into the emergency room and they said, "I can't breathe" and they were dying of COVID. And I had a moment to go into the call room and take a cat nap. And while I was asleep, a strategy came to me of using budesonide, an inhaled steroid that's inexpensive, readily available, \$3 a treatment if you paid the full cash price, safe, it's been used on two pound premature babies for 30 years, and we know what to expect from it. Also with aspirin, to protect from clotting, and an antibiotic called clarithromycin, which would protect from walking pneumonia, the atypical bacteria, and the classic strep pneumonia, which is an encapsulated bacteria. And so that was the strategy and when I woke up, I was euphoric and nobody there to celebrate with. But five days later, I had my first COVID patients and they recovered quickly and shocked everybody.



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And so, I just started having more and more patients that were elderly that had comorbidities, diabetes, some of them had stage IV cancer, and they were recovering. And so, I started having interviews that I was doing, and I was shocked at the pushback that I got from Anthony Fauci, from people from around the world, from the KHOU, the K-H-O-U, which is the Houston main TV station, the medical experts from KSAT in San Antonio, from a Fox News affiliate in San Francisco, from around the world people I'd never met that didn't look at the evidence, had a strong opinion, and they were very hostile and very derogatory, and again, anti-science.

But people were getting better. I had an interview that went viral, five and a half million views in two weeks, less than two weeks, and that was pulled by YouTube because it was inappropriate content. And so I knew something was going on as far as censorship, as far as anti-science. There was a clear agenda that had nothing to do with trying to help people. And then Clay Clark interviewed me for his show. And as a result of that, I was invited by him to be on General Flynn's ReAwaken America Tour. And so we did that for a while and I met a lot of dear good people, and then I met a few not-so-good people, dastardly people that were trying to derail the help that was coming to the masses.

A year afterwards, Oxford University, the oldest university in the English-speaking world, studied budesonide and published that 90% of hospitalizations, ER visits, and urgent care visits could have been prevented if people would've been prescribed budesonide twice a day early, and validated what I had been saying with just one of the medicines that I was using. But that was just one of the ingredients.

And so it's been an interesting adventure. I've seen that public health sometimes is a misnomer, some of the leaders in public health. Of course, it depends on the person. People can do good things or bad things, but it obviously is an individual decision. And I've seen nonsense spoken from the top, Anthony Fauci, Tedros from the World Health Organization, the CDC director Walensky, Joe Biden. Out of multiple voices, we would hear things like, "Safe and effective," or "If you get the vaccine, you won't get COVID." They said, "If you get the vaccine, you can't spread the disease." One of the CEOs of the vaccine manufacturers literally said, "There's no variant that can escape our vaccine."

And so, you heard lie after lie after lie, things that were proven wrong again and again and again. When they said it can't spread, and then we have outbreaks on cruise ships that are 100% vaccinated. We have the USS Milwaukee docked and taken out a commission because they have an outbreak, so it can't be used by the Navy to protect the American people, and they're 100% vaccinated on the ship. How does that happen if it doesn't spread, if the vaccine protects you from spreading the disease? And now, you don't have to try to convince anybody that if you get the shot, you could still get COVID, because everybody knows somebody that's gotten a COVID shot and still got COVID. And as a matter of fact, it's not uncommon, as an ER doctor, to have somebody that I see that's gotten multiple COVID shots and they've had COVID two or three times already.

But the good news is we're not helpless or hopeless. And we have common sense, tried and true, intuitive strategies to take care of many problems. And with viral illnesses in general, medicine has always had the tried and true strategy of giving supportive care. And that means if someone's dehydrated, you rehydrate them. If their electrolytes are messed up, you correct that. If they have vomiting or diarrhea, correct that. If they're short of



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breath, you deal with the respiratory symptoms. And you help people recover. Their immune system is one of their best tools. As a matter of fact, we just had that meta-analysis published saying that natural immunity is as high or higher as far as effectiveness than their other strategy of COVID shots. So how about that, when we were told that we shouldn't rely on natural immunity? Apparently, God gave us a pretty good immune system and didn't leave us helpless or hopeless.

So the COVID shots that we've had, if you listen to the president of Bayer Pharmaceutical, Stefan Oelrich, he said that the messenger RNA shots are gene therapy. Well, that's an interesting thing to say, but it makes sense because messenger RNA and DNA are genetic material. And so well, have we ever used it before? No, we have no long-term safety data with this new technology that's being forced on the masses, so we don't have any evidence that it would be safe five years later or 10 years later. And so when they were saying safe and effective, based on what?

But now we have a lot more information. And they said it was safe and effective with either the mRNA or the DNA shots. And when I say DNA shots, that was the Johnson & Johnson vaccine and the AstraZeneca vaccine. They call them vaccines, but Stefan Oelrich says gene therapy. Maybe he knows something. And so safe and effective? Well, let me tell you, at this point, the FDA says that the AstraZeneca shot is so safe you can't even talk about it, basically, because it's not allowed in the United States, it's not used in the United States. Actually has been banned from 16 nations by their government healthcare systems. That's how safe it is.

Organ Damage

THE IMPACT OF THE COVID "VACCINE" ON REPRODUCTIVE HEALTH, MISSCARRIAGES AND FETAL DEATH - DR. JAMES THORP

Miscarriage is defined as a pregnancy, loss of a heartbeat, viability of pregnancy prior to 20 weeks gestation. It's very different than a fetal death. A fetal death actually occurs at or after 20 weeks gestation in North America. Now that's our definition in the United States of America. In other countries, they can have different, actually, criteria for the diagnosis of a fetal death or still birth. But that's a diagnosis, that's the standard definition that we use in the United States of America. So, there's no question that there's a substantial increase in abnormal menstruation that was associated with the vaccine rollout. No question. There's no question that there was a massive increase in miscarriage. Now, when we talk about miscarriage, I think it's important to define how we look at it and how it's been looked at in the literature, and the various ways in which you can calculate a miscarriage.

And that's been an area of great divide especially in terms of those in the medical industrial complex that are pushing the vaccine and trying to legitimize or trying to suppress the abortifacient effect of this very dangerous drug. So, starting out, in the textbooks, if you look at the textbooks, the incidents of miscarriage has been somewhere in the range of 12, 13, 14%. Now, the way that was actually arrived at was very not academic at all.



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The best estimate, most contemporary estimate, of a miscarriage rate would be in a clinical practice. And that was published, for example, by Dr. Naert, N-A-E-R-T, just recently. And in that study, the risk of a miscarriage is somewhere in the range of 4 to 5%, somewhere around that area.

It's not 12 or 14 or 15%. That's exceedingly high. So, there's different ways of calculating the miscarriage rate and the standard way which we've used in obstetrics generally is to start out with a known pregnancy. And you keep that in the denominator. You don't subtract it from the denominator after a miscarriage. Now, some of the more contemporary studies of non-obstetricians have used the ladder method, and it's more like a survival analysis type. And that's really erroneous and very misleading, and it shouldn't be done that way. And interestingly, this is really obfuscated and caused a lot of confusion especially those who don't have my experience of an OB for an entire career. If you look at the data, and I'll just go through our data from the study that we just published. And we just published a study, and it was published in a peer-reviewed journal, the Journal of the American Physician and Surgeons.

It's a very high quality, very honest, non-pharmaceutical controlled medical journal. There's not very many of them around. And this was published a couple of weeks ago. It's been in pre-print for about six months. So it's finally published as a peer-reviewed manuscript, and it was a featured article in the spring edition. We were very honored and my co-authors on that manuscript or physician assistant, Claire Price from Rome, Georgia; Michael Deskevich, a PhD in mathematical modeling, Stewart Tankersley, a family practice doc, military whistleblower, actually from Alabama; Albert Benavides, who is one of the experts, billing experts and VAERS experts in the world. And he's been in the medical sector and billing sector in coding for like 30 years. He's extensively published as well.

And then Megan Redshaw, an attorney, currently lead attorney counsel for Trial Site News. And then, finally last, but certainly not least, is Dr. Peter McCullough, who needs no introduction. But what we did was we did a deep dive into the governmental database. And in the governmental database, we abstracted the data, and based upon my clinical experience and what I was saying and concerned about, I picked out 18 adverse events as our focus, 17 of them were pregnant events. Only one of them was non-pregnant event, which was abnormal menstrual periods. So, we used exactly what the FDA and the CDC mandated with regard to using their data for analysis. And they mandate for very clear reasons that you compare a novel vaccine like we did COVID-19 vaccine. And I use that term loosely because we all know it's not a vaccine.

And we compare that to a well-established vaccine, and we chose influenza vaccine. Why? Well, because the influenza vaccine was specifically approved for the use in pregnant women in latter 1997. So, we actually started our study January 1st, 1998, and continued it through June 2022. So, we had about 282 months of influenza data, vaccination data, in pregnancy. And then we compared that, at that time last year, we only had 18 months, the COVID-19 vaccines. So we did a comparison, and that we used exactly the methodology that the CDC and the FDA required. And they said, a twofold increase in that risk rate between those two vaccines--the COVID-19 vaccine jab compared with the influenza vaccine--would be very significant and would breach their dangerous signal and would need more intense study.



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So, now it's interesting that when we go back to 1997, do you realize how long the influenza vaccine was in use in the general population before it was specifically approved for pregnancy in 1997? Well, I can tell you about 60 years. 60 years, the influenza vaccine was used in the general population before pregnancy. Unlike our current episode where you have an incredibly novel, genetic therapy that really isn't a vaccine, zero experience in pregnancy, and then they push it in pregnancy, huge difference. Well, let's get on to the meat of this study. So doing the comparison, we didn't find a twofold increase.

We are looking at very significant increases. In fact, the increases were so high that I had to convert the x-axis from a linear 0, 1, 2, 3, 4, 5 to a logarithmic 1, 10, 100, 1000, 10,000, 100,000, a million, because the data points were that far abnormal. Just to give you an idea so that when we compare the risk of severe menstrual abnormality in the COVID-19 vaccine, compared with that of the influenza vaccine, we got 1,192-fold increase, almost a 1,200-fold increase. That's 120,000% increase. That's very important for your viewers. And a lot of doctors get this wrong and don't understand it and get a lot of criticism over this. There's a big difference between an odds ratio or a relative risk and a risk ratio. So when we're comparing two vaccines, of course, you can have very, very high risk ratios.

That doesn't mean that the absolute increase in the general practice of abnormal menstruation is 1200-fold. No, it's not. This is the way the CDC and the FDA wanted it analyzed so just extending that. Now, going on to the 17 pregnancy variables, you ask about miscarriage. I'm just giving you this background so that you can better understand the different ways of interpreting the data and the different ways of looking at miscarriage. So, our study found that there was a 57-fold increase in miscarriage or risk ratio of miscarriage with the COVID-19 vaccine compared with the influenza vaccine. That doesn't mean the absolute risk of miscarriage is increased 57-fold. That's a mistake. That's not correct. If you're looking at, and you really can't estimate an absolute risk with the VAERS data system, not the way that the CDC and the FDA recommended it be used.

You can't do it that way. You have to deal in risk ratios. Now, other physicians, Dr. Kimberly Biss, for example, have seen a substantial increase in miscarriages in her practice. Now, she's one of the whistleblowers, and she's an OB-GYN doctor, Dr. Kimberly Biss and from St. Petersburg, Florida, and also have another new whistleblower, Dr. Dan McDyer, from Jacksonville, Florida. And also a third OB-GYN whistleblower, thank you God, for these brave and courageous people, coming forward. And her name is Poppy Daniels, and she's from Springfield, Missouri. All of us are seeing the same things now in Dr. Biss' practice. Her absolute risk of miscarriage before and after was about fivefold. And that's not hard for me to believe at all, but in no way does that really coincide with our 57-fold increase or rate risk comparing the COVID-19 vaccine to the influenza vaccine. So those are two different metrics, but they're perfectly consistent with each other because we're doing a different type of analytic.

Well, we don't know. Nobody really knows that. Nobody's really studied it. Remember, they just rolled these out and told us to use them in pregnancy and commanded that we used them in pregnancy and had the doctors force the pregnant women to take it. So nobody knows that. That's a great question. We can speculate. And I can speculate and I can say that the mRNA genetic shot is the most inflammatory shot or drug, or medicine, whatever you want to call it, that has to my estimation, has ever existed in my career in medicine, maybe the most inflammatory substance ever used in the human being. I can't vouch for the veracity of that statement, but I can't



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think of another medication that has more severe inflammatory effects than the mRNA jab. So what we do know, and in my specialty, and we all know this.

Dr. Robert Romero has pioneered this and spent an entire career, through the NIH/NICHD, documenting the damage, the tremendous risk of inflammation in pregnancy. And what we do know is that severe inflammation in any part of pregnancy is extremely damaging to the pregnancy, to the mother, and especially to the fetal development. So certainly that's one potential mechanism. The other mechanism is the abnormal inflammation on the placenta and placental dysfunction on every other organ system, developing organ system in the fetus. So, for example, just going through, going back to our study now, just a segue to finish up our study of which we have some slides to go along with. We can suggest, we showed, we proved a significant increase in fetal chromosomal abnormalities, not only in miscarriage, but fetal chromosomal abnormalities, fetal malformations, fetal cardiac arrhythmia, fetal cardiac malformations, fetal death.

This study found a 37-fold increase in fetal death, again, associated with the COVID-19 vaccine, compared with out of the influenza vaccine, 3800% increase. Now again, the same with a miscarriage. That doesn't mean the average, the risk of a fetal death in the United States of America is approximately, not quite, it's a little bit shy of 6 per 1,000 births. That 1,000 births include live births and stillbirths about 6 per thousand. So that doesn't mean that it goes up 38 times the 6 per thousand. No, no, it means there's a 38-fold difference in the risk from the COVID-19 vaccine compared with that of the influenza vaccine. But we do get some hints from other data what that absolute risk increase is, and I will go through that. So, what other complications in pregnancy did we see? We saw a substantial increase in, again, fetal cardiac arrest as well, severe lack of fluid we call severe oligohydramnios, which is the low amniotic fluid is a result of abnormal placental function which makes sense since there's so much inflammation from the genetic therapy in the placenta. We also have seen a substantial increase in fetal growth restriction, really abnormally small babies that don't grow normally in the womb. Again, that's related to placental function. We see substantial increase in abnormal fetal testing like a biophysical profile or a non-stress test where we put the fetus on the fetal heart rate monitor. We see a very, substantial increases in abnormal fetal organ perfusion and we can detect that now using sophisticated color doppler techniques, much like your weather color Doppler radar does, same principle there. But we can measure blood flow to various organs through various vessels. And that will also result in substantial abnormal findings, which again, makes sense with the abnormal placental function. We're looking at a substantial increase in preterm premature rupture of membranes, a substantial increase in preterm labor, a substantial increase in preterm delivery, a substantial increase in the death of the premature live babies that had been delivered. Those are every single abnormal- the 18 events that we looked at were far in excess of the FDA and CDC safety signals.

Focusing on the risk of fetal death. We have whistleblower data from Michelle Gershman, and she's a postpartum nurse. She's from Central California. And this is not her data. This is an email from her administration, the hospital administrator that provided all the nurses with this data. And she is the only nurse of the several hundred that had the honesty and the integrity to blow the whistle. She brought that email. She was outraged by the email, very upset about it, because she had noticed a substantial increase in fetal death after the rollout of the vaccine, not before. So, what she noted was that in the email that the hospital sent her, there was a couple of months in which the fetal deaths were up to 22. Now, for a delivery rate of about 9,000, that was a substantial increase.



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Their usual baseline before the vaccine rollout, there at most was one a month, but she talked about 1 to 2 every 2 to 3 months. And then after the vaccine rolled out, it gradually increased at 22 per month. And as it's said in that email from the hospital administrator, it was probably far higher than that because those only recorded the stillbirths that presented to labor and delivery but did not include those that went to the operating room first, or went to the emergency room, or delivered at home, or delivered at another facility. And that was stated right up front in the email. So, when you look at those numbers, and you'll see the graph that I have published, that the baseline rate of 5.83 fetal deaths per thousand total births, including stillbirths, that was the aggregate rate for the 3 years preceding the pandemic in 2020-- 5.83 per thousand.

Dr. James Thorpe: Well, what happened in 2020? Well, in 2020, the stillbirths rate actually dropped. It went down to 5.74 from 5.83 per thousand to 5.74. These are national vital statistics of the United States of America. So anybody that is suggesting that COVID-19 causes these stillbirths is dead wrong. And you can prove it by the data that I've published. It was not associated with an increase in fetal death. The fetal deaths didn't start rolling out until after the vaccine. That's proof. And so, if you look at the metrics and you calculate 22 stillbirths per month, that surge in stillbirths then went from, say about 5.8 up to 29.3. Now, that's a massive increase. That's an unprecedented increase in any of these facilities, and that's only one of four whistleblower facilities I have. The other three are in Canada, high vaccine areas. So if you look at her data now you can ask the question, what's the absolute risk? What's a relative risk increase? Well, that's easy to do. Take 29.3 per thousand divided by 5.8 per thousand. So you know you're gonna get a fivefold increase in stillbirths. That's about right. That's about right. But it's important to know that the increase is astronomical when you do statistic on it. And the reason it's astronomical is because the standard deviation, which measures the month-to-month variance, if you will, the change of that very steady 5.83 per thousand was very low. It's only zero, the experts telling me 0.5 fetal deaths per thousand. So when you subtract the 29.3 minus the 5.8, do the math divided by 0.5, that's over a 40 sigma surge, that's a 40 standard deviation surge. That is 1 in 10,000 or a hundred thousand year event that didn't occur by chance alone.

And up north of California, there is in Canada, Vancouver, there's Lionsgate Hospital. And at Lionsgate Hospital, there were 21 stillbirths in one week. There were 13 stillbirths in one day. Now, that's even far worse than what we talked about. That's a stillbirth rate of 160 per thousand births. That's almost 16%. That is unprecedented. And that data is verifiable. There's two physicians who I know well and have talked to Dr. Daniel Nagase and Dr. Mel Bruchet. In addition to them, there's three other doulas that will testify to those numbers that I'm presenting to you. So there's been massive protests out in front of this hospital. You can Google it, do your searches, really reminiscent of the hospital down in South Florida, in Sarasota Memorial Hospital. The population's about ready to burn that hospital down.

There's massive protests all over there because of the number of patients that they have allegedly killed using medical safe terms. But literally people that they killed, using their death protocols with remdesivir, treating their patients horribly, treating the unvaccinated horribly, treating them literally like the Jews were treated in Germany in the 1940s and 1930s. Literally, that's the way we were treated. And that's why they're having an uprising down there. They've had the same issues up there at Lionsgate Hospital. So there's two other whistleblower facilities as well. The other things that I wanted to say was that there's so many other pieces of corroborative, or corroborating evidence, like people have tried to demonize- they can't demonize us because it's not Dr. McCulloughs or my authors or Jim Thorpe's data.



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This is a government data, but they try to demonize the governmental data and downplay it. So they ignore it and they put statements in, “Well, it’s biased because of this, or but,” no, it’s not. No, it’s very under-reported. And the odds are that physicians and care providers are going to not report a complication with a COVID-19 vaccine compared with any other vaccine. Why? Because they may get fired, and some of them have been fired. So the suggestion that, “Oh, the CDC data is just a reporting bias,” that’s absolutely false. The reporting bias goes the opposite way. It makes this much stronger data. But if they choose to refute the data that’s in the US government data, the CDC and the FDA, that I’m looking at right now with 34 other completely independent sources documenting the exact same findings that we found, except for one thing, most of them were worse.

DEADLY BLOOD CLOTTING “STICKY BLOOD” AND DEADLY HEART DISEASES

Dr. Thomas E Levy

What happens in the heart after 2020, in the setting of COVID, in the setting of vaccines, is the spike protein gets inside the myocardial cells themselves and gets attached to the ACE2 receptors and the heart blood vessels.

This causes 2 things. The ones that attack the heart causing inflammation of the heart. So that is myocarditis. It’s just a question of why is the heart inflamed? And I just told you the difference between the 2. And the other part is the inflammation of the blood vessels that’s supplying the heart muscle. This is clearly shown to increase the coagulability of the blood.

And I think we’ve all seen, again, whether you want to argue it’s COVID itself or the vaccine, a large number of clotting problems, people getting strokes, embolisms and pulmonary emboli. Some people have lost their limbs but still survive because of blood clots, and some people have died from the blood clots.

The point being is the spike protein, if it’s allowed to persist, put you in a state not only of chronic inflammation of the heart, but chronic, at least potential to have, depending on another precipitating factor hits you, a rapid blood clotting event that could be minimal or it could be life-threatening.

And so in regard to all of this then, and the paper discusses this, somebody in this scenario needs to check their troponin levels and their D-dimer levels. The troponin level, quite simply, is a measure of damage to your heart, ongoing damage. The more a cell stays inflamed and eventually dies, it releases a protein from the heart muscle called troponin. And this test should never be elevated in an otherwise healthy person that never had any problems before they had COVID. It should be fine.

With the D-dimer test, that’s a measure of how blood clots are breaking down. And it should be completely normal if there are no excess blood clots to be broken down. Obviously, if you’re making new blood clots, and your total coagulation mechanism is working well to help break down blood clots, because if you don’t break down a blood clot, you’re doomed. So you are always making them and always breaking them. So you need to know that this is at a normal level as well.



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And when these 2 tests, either 1 or both are elevated, you have to go through a protocol to knock out the spike protein. And I discuss a number of these in there. The one I talk about most is Vitamin C, IV or liposome encapsulated orally with hydrocortisone. This pushes Vitamin C inside the cell. Also an incredible antioxidant that's been incredibly proven well against all things related to COVID, as well as other infections, and that's proper applications of methylene blue.

And finally, hydrogen peroxide nebulization because these chronic COVID patients frequently have COVID isolated from their stool. So a common place for COVID to hide is in the nasal and oral pharynx, and nebulizing with hydrogen peroxide can knock that out quite readily and give your body an additional edge by which it can get on top of the remaining pathogen inside the body and knock it out.

Now, that is the recommended protocol, and the simplest one. But... there are many different ways to knock out spike protein. Some will be effective in one person, some not. And if this doesn't work, there's a whole list of other things that somebody can try in conjunction with their healthcare practitioner.

The Role of Root Causes of Disease in Worsening Post-COVID and Vaxx Complications - Dr. Jack Wolfson

So when someone is injected with a vaccine or an mRNA shot, the purpose of that, the alleged purpose, the purpose that the pharmaceutical companies and the medical doctors would tell us is, of course, to generate an immune response. The immune response would therefore, be able to fight off of potential virus or bacteria in the future. So again, everybody knows that when you get injected, an immune response happens because the immune system in the human body recognizes this foreign invader. And this foreign invader, again, generates the immune response, and the immune system starts to produce antibodies and other things again, that would be supportive against this foreign invader.

So now, as we target that foreign invader, as the immune system kicks in naturally, inflammation is triggered. Oxidative stress is triggered because that's all just part of the immune response.

It's not a mistake by the body, it is just part of the immune response to say, "Okay, this foreign invader is coming in, we've got to attack it." So it calls in the immune Army, Navy, Air Force, Marines, the innate immunity, the adaptive immunity, the inflammatory response, oxidative stress. Now, all of this can go well, certainly when it happens naturally, when our bodies are given what it needs, the right food, the right lifestyle, the right thought processes.

The immune response in a natural situation to a virus or to a bacteria, the immune response is supposed to be normal. Now, some people have no immune response to a foreign invader. The prototypical example of that would be somebody who has HIV or human immunodeficiency virus or basically, their immune system from whatever cause, the immune system doesn't work, doesn't respond. Some people are hyper-responders, if you will, where their immune system is overly aggressive, if you will.



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And that could be the people who go into cytokine storm, the people who have advanced blood clotting and whatnot from whatever the entity of COVID was, whether it was a virus or some other pathogen or some kind of harmful thing that was coming into our system. And also, it can be from the COVID shots, where again, the shots would generate an immune response, but in some people, that response would tend to be really exaggerated.

And in those people where you would have advanced clotting, you would have cytokine storm, you would have a situation where your immune system was generating a lot of antibodies that would therefore presumably attack this COVID, against spike protein in that particular case, but it also would start attacking other things in the body. That may be your thyroid, that may be leading to, of course, autoimmune thyroid disease. It may be your pancreas leading to Type 1 diabetes.

It may be your nervous system leading to multiple sclerosis or Bell's palsy. And ultimately, it may also have to do with your blood vessels leading to blood clotting and antibodies to blood clotting proteins leading to blood clots, heart attacks, deep venous thrombosis, pulmonary emboli, excess rates of stroke. And ultimately, the most well-known entity certainly is myocarditis.

So now, you start getting this cardiac inflammation that can happen through multiple mechanisms after a shot, or again, the immune system is attacking the heart muscle leading to myocarditis. It could also be just a general inflammatory response where the heart, again, is stimulated as such to start releasing its cellular contents, which again, by definition is cardiac inflammation. And that can lead to a whole host of problems that we've seen. We've seen heart attacks. We've seen strokes. We've seen sudden cardiac death where the person goes into ventricular fibrillation.

We've seen atrial fibrillation and other heart rhythm disorders, and of course deep venous thrombosis, pulmonary emboli, and the like. I don't know if I can really get into the amyloid and some of the clots and stuff like that that they've talked about from a pathological standpoint. But, so again, when you stimulate the immune system, you're interfering sometimes with the natural mechanisms of the body.

So again, if you've got a lot of overstimulation of the immune system in response, especially to something that is artificially injected, now the clotting mechanisms are gonna be faulty. Now what does that mean? The body has normal clotting mechanisms. When you cut yourself, the body clots off that area so you stop bleeding. That's certainly good, but there's a delicate balance that is always at play. You don't want your blood to be too thin or not clot, and you don't want your blood to be too thick and clot too much.

You want it just right, just like the Goldilocks and The Three Bears story. You want it to be just perfect in the sense of when you need it to clot, it clots appropriately. When you are injected with a foreign substance, in this case, anything that would be a COVID shot, if you will, now you're going to disrupt the delicate balance between clotting too much and clotting too little. And ultimately, what we've seen is people with extensive clotting that has no other explanation except for its proximity to the COVID shots.



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So one thing for sure that is going to lead to total body inflammation, immune system activation, and once you do all that, then it leads to cardiovascular disease, cancer, brain diseases. And the medical doctors know that inflammation and oxidative stress, immune activation, all those things can lead to those disease states, but their response to that is always gonna be pharmaceuticals. What we wanna do is we want to figure out why people have this inflammatory response, immune system activation, oxidative stress.

And I think a lot of times that goes back to the foods that we eat, and maybe most importantly, genetically-modified foods and therefore, when they're genetically-modified, they're able to be sprayed very heavily with glyphosate-based pesticides like Roundup and then other pesticides and herbicides as well. Now when you take in that genetically-modified food that is soaked with all the pesticides that gets into our gut. We swallow that down, it gets into the stomach, it gets into the small intestines, and there, what those pesticides and herbicides and genetically-modified foods do is they interrupt the gut microbiome.

The gut microbiome is the delicate trillions of bacteria and fungus and other parasites that are in there that are naturally living inside of our bodies. And when you disrupt that area and you make it much more unhealthy, now that'll lead to leaky gut. And now leaky gut means intestinal permeability. Things go in through the gut lining into the body and now set up inflammation, oxidative stress, immune system activation, which ultimately, as I said before, leads to atrial fibrillation, coronary artery disease, heart attacks, strokes, cancer, brain disease, you name it.

But again, this major offender is gonna be coming as genetically-modified foods and all the associated pesticides, herbicides such as glyphosates that goes along with that. So what we need to do, certainly as a planet, is to gravitate towards only organic food; food that is not sprayed with pesticides, herbicides, insecticides; food that is not genetically-modified; natural whole foods that have been growing on this planet since the dawn of time and certainly, human existence.

But the problems of genetically-modified foods, the problems of glyphosate are extensive. They are well-documented. Not only is glyphosate and other pesticides known to kill pests and insects and whatnot, but they're essentially also antibiotics and should be thought of that way as how they destroy and interfere with the gut microbiome. Once we change that delicate gut microbiome, then a lot of bad things start to happen, and this is very, very, very well-documented in the medical literature. A lot of people ask me about mold mycotoxins and how they lead to cardiovascular disease, and a lot more people need to know the truth about mold mycotoxins.

Mold mycotoxins are the Army, Navy, Air Force and Marines released from mold. Mold grows where there is water. If there is water in your home, it will grow mold. Under a sink, under a toilet, under a shower, in walls and crawl spaces, areas of high humidity, lot of different sneaky places where mold can grow. And then mold is a living organism and it wants to survive, so in order to survive, it releases these toxins out into the environment that inhibit other molds, inhibit bacteria, inhibit insects and birds and animals, and ultimately, humans. It does not want us to interfere with its success. It's just how nature is, how it's survival of the fittest and mold wants to be the fittest and therefore, releases these toxins.



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Now, these toxins come into the human body and wreak havoc. Whatever health condition you have, please consider the fact that you are in a water-damaged home or office or building and you should have it checked out or have yourself checked out by checking you for urine mycotoxins, and those tests exist as well.

When you test for these mold mycotoxins, what happens is the toxins get into our body, we breathe them in, they go in through our skin, and they go in through our gut. They're another cause of leaky gut. When we have leaky gut, now the things that do not belong in our body, they get inside of our body, immune system activation, oxidative stress, immune activation, immune dysfunction. And once you have that, that of course, leads to all illness, whether it's cancer, heart disease, dementia, autoimmune, you name it.

So whatever your symptoms are, whatever your health conditions are, please consider that mold mycotoxins are a source of it, and ultimately, you have to identify where the mold is coming from. You have to go with quality companies, investigate, remediate that mold, and then you have to start the recovery process for yourself, and recovery process always starts off with eat well, live well and think well.

3 Deadly Ingredients in the Jab - Dr. James Neuenchwander

You've got three different elements here, I think, that are at play. One is a spike protein. So we know if you just take spike protein and you inject it into animals, they'll develop all the things you just discussed. They'll develop vasculitis, they'll develop myocarditis, they'll develop kidney failure, develop lung changes, because the spike protein all by itself can do that. All right? And remember, the vaccine is giving you instructions to make the spike protein.

Whether it's the messenger RNA vaccine, or even the DNA vaccines, like the Johnson & Johnson, AstraZeneca vaccines. Either one is going to give you the instructions. You don't make more messenger RNA. I don't think the body can duplicate that messenger RNA because it's foreign. I mean, the uracil is pseudo uracil. It's a foreign, fake thing. But you're injecting the messenger RNA instructions to make the spike. So the spike's the first thing.

The second thing is the messenger RNA itself. Because again, this is a foreign object. This is not human. It's been altered. So has it been altered enough that that's going to create a direct immune response? I don't know the answer to this question, by the way. But what we do know is there are people that have trouble breaking it down. And what we also know, is they never did the studies to figure out how long it lasts in the human body. So you should know that. How long does your vaccine last? We don't know the answer to that question. We know it lasted up to at least 2 months in some people, but we really don't know. So that's the second thing. Are you reacting to messenger RNA? And as long as the messenger RNA is there, you're going to make more spike protein, back to problem one.

And then there's the third problem, and that's the lipid nanoparticles. All right. Now, the messenger RNA is encapsulated in these lipid nanoparticles. They're like mini liposomes. And the lipid nanoparticles are also Frankenstein molecules. So all the lipids in the body are either neutrally or negatively charged. These are positively charged. They have the opposite charge of any of our fats. And that's on purpose. Because again, a cell membrane



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is a bunch of fat. So if this has a negative or neutral charge, and you bring in a molecule that has a positive charge, it's going to stick. So it was intentionally done.

But what happens to those particles when you inject it into people? Does that all by itself cost problems? All right. So we know there's all these antiphospholipid syndromes that cause clotting. I had conversation with a few of the people that deal with COVID vaccine injuries, and one of the discussions was about, because I do a lot of testing. It's like, "Why are you testing for all these autoimmune antibodies?"

It's like, "Because they're positive." And their response was like, "Yeah, they're positive every time. Why are you wasting your patient's money for something that's going to be positive?" Because it's so accepted now. And people that actually treat vaccine injuries, that everybody that has vaccine injury has autoimmune antibodies to the brain. That's why they have brain fog and all this other stuff.

Or they have autoimmune antibodies to their arteries, or they have markers for micro clots and vascular inflammation. Why are you even testing for it? It's become that like, "Duh." Right? And this is maybe from those lipid nanoparticles. We don't know for sure.

And again, remember, you get the input, you get a lipid nanoparticle, your immune system freaks out, creates some sort of autoimmune thing against it, that then starts attacking other lipids. And even when you get rid of that lipid nanoparticle, which we probably can do that, right? You've set it off, the autoimmunity has developed a life of its own. So even when you remove it, it's still ongoing. So you have those three problems: lipid nanoparticle, the messenger RNA that's Frankenstein, and then the spike protein, which I really think some of these people just keep making spike protein.

Myocarditis is Rife Post-Vaxx - Dr. Peter McCullough

What I'm telling you is the vaccines appear to alter human DNA permanently, and I think everybody listening to this should be concerned. Because if that's the case, that means now we have permanently the genetic code for a lethal foreign protein in our bodies permanently for those of you who have taken the vaccine.

This production now is under control of human cells, and hopefully, it's suppressed, but it may not be, and there may be a mosaic of cells in individuals now have taken up this genetic code permanently. Perhaps the protein is expressed only under stress circumstances. It can be released and potentially be fatal.

This has created great uneasiness in the U.S. and worldwide populations. The CDC told us the vaccines do not change the human genome, and this appears to be basically a form of a deception. Indeed, it does change the human genome, and the CDC should come clean on this and tell Americans that potentially now those who have taken the vaccine are permanently altered.

We now know in a paper by Baumeier and colleagues that in young individuals with myocarditis, the spike protein is physically found in the heart and causing heart damage. There's been over 250 peer-reviewed publications on



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COVID-19 vaccine-induced myocarditis. The FDA agrees the vaccines cause myocarditis. The lipid nanoparticles carry the messenger RNA to the heart. Specialized cells take it up, pericytes, they produce the spike protein.

The spike protein damages adjacent heart cells, causes inflammation, and that is detectable by cardiac MRI. Acutely it's manifest by chest pain, effort intolerance, clinical heart failure, and sudden death. But about 1/2 of cases are asymptomatic where they don't feel it, and then we believe in a subset of those, that in fact, a small scar forms in the heart, and that becomes the nidus for a fatal arrhythmia that could be triggered through the rise in adrenaline in sleep or on the athletic playing field.

About 2.5% of people who take a vaccine as in 2 publications, 1 by Mansoogian, the other 1 by Lapasic, 2.5% of people taking the vaccine sustained heart damage. It is probably a smaller fraction of those that develop a scar on the heart, and even a smaller fraction of those who are a set up for cardiac death. But it's not rare, and I could tell you fatal cases have been published by Verma, Choi, Gill. Petone and colleagues has published in peer-reviewed literature 100 fatal cases in a single paper.

This is disturbing. Our CDC VAERS system, Vaccine Adverse Event Reporting System, reports thousands of Americans have sustained myocarditis, and we know that if someone has myocarditis, in my field in cardiology, we cannot let them exercise because exercise can trigger sudden cardiac death. And so it's a straight-line relationship.

The vaccines cause myocarditis. If it occurs, we can't let them play in sports, and if they do, it can trigger sudden death, and boy, do we have a problem with sudden death.

Polykretis and myself have published in a European immunology journal that before COVID-19 vaccination, the number of deaths per year in the European soccer and football leagues, age under 35, active players, pro and semi-pro teams, 29 cases per year. Since the advent of the COVID-19 vaccines, which are mandated across Europe, that number has risen in the same apples-to-apples comparison to 283 deaths per year. There's been a 10-fold rise in sudden death that is coincident with COVID-19 mass vaccination.

Spike Glycoproteins: A Deadly Bioweapon - Dr. Henry Ealy

The spike glycoprotein is going to lead to a phenomenon known as glycosylation. Remember I said it was a sticky protein. Glycosylation is where red blood cells get coded with a sticky substance, in this case, the spike glycoprotein, and that creates and causes red blood cells to stick together. So if we have two red blood cells, they're supposed to be floating freely in the blood so that they can maximize the surface area, the surface area for binding oxygen and bringing to the cells, so the mitochondria can produce energy.

Picking up carbon dioxide along the way. It's a nice, beautiful, sacred divine exchange that occurs. Oxygen for carbon dioxide. Here's what the cell is giving you, the red blood cell, I'm giving you oxygen that you just breathed in. You are going to turn that into energy. Oh great, give me now all of your carbon dioxide that's toxic and I'll take it out so you can exhale it.



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And then it goes out, and the plants say, “Thank you very much. We’re going to do just the opposite.” It’s a beautiful symbiotic relationship that has always existed. So what have they done? They’ve attacked that beautiful symbiotic relationship. Now you have a spike glycoprotein that causes these red blood cells to stick together, and when they stick together, they lose surface area.

And now, when they lose surface area, they can’t grab as much oxygen or carry away as much carbon dioxide. So that’s where we start seeing drops in O₂ saturation rates in patients who are suffering. It’s like there’s air all around them but they can’t breathe. Why? Because their red blood cells are stuck together and can’t bind that oxygen. And what’s building up in their tissue is toxic carbon dioxide. They are suffocating with air all around.

You can throw a ventilator down them, it won’t matter. You’re now suffocating them with oxygen. Because this phenomenon of glycosylation is occurring. Well, where have we seen that before? And what disease processes? Diabetes. But it’s never been like this. And when you get enough of these red blood cells stuck together, something happens. They start to clot. And as they start to clot, the clots get longer and longer. If the enzyme isn’t activated from breaking the clot down, that enzyme is plasmin. So what we find with the spike glycoprotein is that it does two things with the blood that are very lethal. Number 1, is it causes what’s called hemagglutination or sticky blood. Red blood cells get stuck together.

Number 2, it prevents the enzyme plasmin from being activated to break the blood clots down. So then, you have to ask yourself a question. Well, that seems like a pretty destructive combo right there. Where else does this occur in nature? Nowhere. Nowhere else in nature does this occur. Yes, there are toxins in nature that cause red blood cells to stick together, to glycosylate and stick together. And there are molecules in nature that prevent the breakdown of blood clots. But never in the same substance do we see both of those mechanisms of action happening at the same time with the same substance.

This is the first time in human history this has occurred. This is not rapid evolution. This is by design that makes it a bioweapon. The spike glycoprotein. It doesn’t matter if that bioweapon is associated and attached to a virus, a coronavirus thinks to Ralph Baric. It doesn’t matter if that is something that is injected into a person and now their body is mass producing it with no off switch in sight. The result is the same. There is a wrecking ball in the cell, there is a wrecking ball in the bloodstream, and it prevents, in the bloodstream, red blood cells from having surface area to bind oxygen and carry carbon dioxide. And it prevents also the breakdown of the blood clot.

So we say, where have we looked at this? And this is where you have to really listen to what Dr. Bryan Ardis is saying. When you go and look in nature for this, where do these things occur? You don’t see all of these mechanisms, these lethal mechanisms of action occurring in any substance. You’ll never see it, in one thing. But you do see it, parts of it in one thing. So there is a glycoprotein in snake venom called ecarin. Guess what it does? It causes red blood cells to stick together really, really strongly--hemagglutination. And then there’s another one called textilinin. Textilinin is from a different snake. What it does is it prevents the breakdown of blood clots. So what would happen if you put both of those things together? Well, if you put both of those things together, you’d have a bioweapon.



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Something that not only causes hemagglutination, red blood cells to stick together, but also prevents them from breaking apart. And if you attack that sacred, sacred thing that we have been given. This gift of life where we are dependent on oxygen and getting rid of carbon dioxide, what you have done is set the body up for certain system failure, certain death. So when I look at this, this spike glycoprotein, and people say, well, how can you prove that it was engineered in a lab? I say to them two things. Number 1, how can you prove that it was not? And number 2, where in nature do we see this exact series of egregious lethal mechanisms of action in one glycoprotein structure? Show me one place where there is a glycoprotein anywhere in the known world that does all of these disastrous things at the cellular level and in the bloodstream. And of course, everything in the body is dependent upon the bloodstream.

It's why when you look at the Pfizer documents, it's why when you look at the Pfizer documents that they didn't want to let out, that there are over 1300 known diseases associated with the shots alone. That right there tells you it's not safe. I've done the work on all the breakthrough cases, the times it failed. The number of people who got sick and have got the shot and got sick anyway, got hospitalized anyway, died anyway. It's not effective. So what's the greatest lie being told in our time right now? That these are safe and effective. They are not safe and effective. They're a bioweapon. And it makes it intentional because there's nothing in nature that does all of these mechanisms of action in one molecule. Only the spike glycoprotein.

I think the first thing that we have to really get into is this phenomenon of sudden death, right? We saw this first introduced in VAERS, well before COVID became a thing. We saw it with AIDS. And one of my opinions for the long time, and I teach on vaccine education, I've been teaching on the horrors of vaccines. I've been teaching on the vaccine media and excipient summary from the FDA and CDC. I've been teaching on VAERS. I've been teaching on the law, the 1986 National Childhood Vaccine Injury Act. I've been teaching on surveillance reporting, or should I say the absence of surveillance reporting that the CDC is required to publish for really more than a decade now. And what you see in there, and when you look at VAERS, is you see that there are thousands of little babies that have died. Sudden infant death syndrome, right? AIDS. And you look at that and you go, "I really wonder how many of those had a vaccination date close to when they ultimately succumbed." Because to me, I never bought the nonsense that, oh, they must have gotten wrapped up in their blanket. Or maybe the cat in the house slept on their head. That's nonsense. What happens is there is a pediatric schedule where a child up to 18 is gonna get well over 76 shots. 76 chances for them to injure the genome to injure the baby. And that's what we see happening. I am injured. I deal with a lifetime of now seizures from an inoculation injury when I was 13. And that was when my mom's wake-up call, where she finally said, "No more. We're not doing this anymore."

Because she finally put two and two together that every time I got a shot, I got deathly ill. I mean, there was so many times where after I got a shot, I'd have to go and sleep over at my grandmother's for like a day or two and just deal with the poison that was pumped into my body and bypassed my digestive system, which is the first line of defense to keep poisons out, right? That's why they're using it in syringes. So they've been lying for a very long time, this lie of safe and effective. But now we're seeing it in the adult population. And a lot of people are shocked. And I say to them, the only reason you're shocked is because this has been going on in infants for a very long time and now they've perfected it for the adult.

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What's happening with adults? Adults, usually we don't care about vaccines until we start having children, and then it becomes a relevant topic. So imagine all the young men and especially the teenagers and young adults out there who thought they were doing something right, thought they were protecting grandma, thought they were protecting people that they love, putting themselves into an experimental program. And then they've injected something into their body that is a wrecking ball for their health.

What's happening? What's happening is system failure. So, when we talk about sudden death, what we're talking about is system failure of the cardiovascular system.

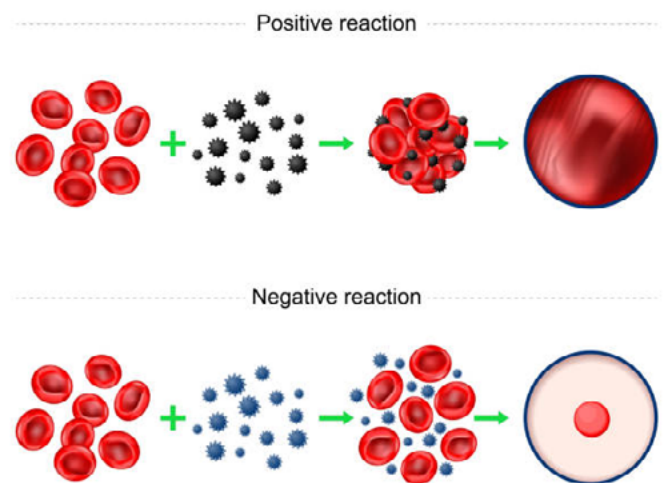
So your heart and all your blood vessels. Well, I've already talked about Hemagglutination and how the spike glycoprotein causes a phenomenon called glycosylation, which means that the surface of red blood cells get coded with a sticky substance. In this case, the spike glycoprotein. They get stuck together, and when they get stuck together, when enough of them get stuck together, it forms a clot. Well, now when you form a clot and that blood flow that's supposed to be available for cells downstream is now cut off, that clot essentially is like a dam. It's like putting a dam where the blood should be able to flow. So now everything that's dependent upon that water down from the dam starts to suffer.

Well, that's what happens in the body. When there's a blood clot everything that's dependent upon that blood and the oxygen and the nutrients getting to those cells, now suffers.

And if that blood clot forms in the wrong place, ie, a major artery for the heart or a major artery in the brain, a stroke, what you get is system failure. And it doesn't matter what age you're at, because the phenomenon is the same, the spike glycoprotein as the cause in these situations. Now let me be clear. The spike glycoprotein isn't the cause of everything going on. It's just a major, major player. There are other factors, the lipid nanoparticle, the additional ingredients that are in the shots that maybe we don't even know. These are all factors. They all play a role. But I have to get you to understand that the spike glycoprotein plays an instrumental role for this reason.

If we know the spike glycoprotein is this destructive, a wrecking ball, for the cell and the systems that depend upon blood, which is every system in the body, why in the world would you ever develop a vaccine based upon that structure? Why in the world would you ever want to give an mRNA sequence for any reason? But let alone the reason of producing this destructive spike glycoprotein, if not for wanting to kill the cell, kill the system and lead to sudden adult death.

Hemagglutination reaction



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It's not accident, folks, when you understand what's going on, the energetics of it, it's not an accident that they're going after the heart. The heart is the house of the soul. They're going after the very soul of humanity with this bioweapon. And what you see in people, and especially in athletes and young kids, you're seeing them having cardiovascular events when they had no previous history of cholesterol, high cholesterol, which is a joke, or atherosclerosis or atherosclerotic plaques or anything like that.

So you have to explain it somehow. How do you explain it? The phenomenon of the spike glycoprotein. The first time we've seen a protein have the intense lethal and ubiquitous destructive capabilities that it has. Never before in human history, nowhere in nature do we have such a simple protein, glycoprotein that does this much damage. So myocarditis, what is it? Myocarditis is inflammation of the heart. Pericarditis, what is it? There is a sack, a soft tissue around your heart that keeps the heart in fluid because the heart is constantly beating, it's constantly contracting. In fact, if you do this with me, just make a fist, make a fist, put it right over the middle of your chest bone right here. That's roughly the size of your heart. And every time that you need blood pumped, which is all the time you're gonna be living, it's doing this.

It's squeezing, squeezing, squeezing. Your heartbeat is who you are. It's sacred. We can see who you are through your eyes, the windows of your soul. And what are we looking at? We're looking at your heart, who you really are. What do we associate with the heart? Love? The only thing that we agree upon across all cultures is that the heart is about love.

So what did they do? Develop a bioweapon to attack the heart and attack love. And that's what we're seeing manifesting in these kids and in these athletes, that in ages and people where they had no preexisting condition. This should have never been a thing. The first time there was a report of myocarditis or pericarditis in anyone the program should have been shut down. But if you really want my opinion, the program never should have been approved. No one should have ever had access to this because, as you've seen, there has been no informed consent.

This is worse than Auschwitz. And I know that's a lot for some people to handle. And that's no disrespect to anyone who suffered in Auschwitz or any of those horrible concentration camps. This is worse than the Tuskegee experiment. This is worse than slavery itself, because they're going after the very soul of humanity, our heart and the sacred place of what we really are and where it resides, our DNA. And this is why we have to, in unison, say no.



Navigating Post-COVID Recovery & Vaxx Injury Recovery

An Expert's Insight - Dr. Syed Haider

STRESSING THE BODY - UROTHERAPY, COLD PLUNGES AND HEAT EXPOSURE

So urine therapy, I've heard this. And a lot of these treatments, off-the-wall-sounding treatments for long COVID and vaccine injuries. I first hear of them from a patient who asks me about them, and I find that really valuable. So we have a long COVID and vaccine injury Facebook group. It's Long Haul Reset on Facebook. And a lot of people will come up to me and ask me about things. And I think a patient on that Facebook group is the first one who introduced me to this idea of urine therapy. I had heard of it probably for the first time in the Islamic medical tradition. There's a tradition that, for a certain disorder, drink the urine of a cow. And the more I looked into it, once this patient had mentioned it, I found some books on it. And I found that it's been traditionally used in Ayurvedic medicine out of India for generations, thousands of years

And there's even a subset of Indians who drink their own urine. And then obviously, there's stories of people who get lost in the wilderness, and the only way they can survive is by drinking their own urine. So it's really an off-putting idea for most people, including myself. You're utterly disgusted at the thought of it, but it's been used in traditional medical systems, again, for thousands of years. And so there's probably something there. I mean I tend to believe that these things that people have found to work through trial and error, have some method of working. And as you mentioned, maybe there's a lot of theories about why it might work. But in general, I think a lot of times when people are doing things like that, it's kind of giving the body a challenge and a stress. So it's like, there's so many different things that work that way.

Exercise works that way. Heat exposure works that way. Cold exposure works that way. Fasting works that way. So you're stressing the body with something that it's not used to. So it's like, you don't usually drink urine, and even part of the disgust might even be part of the therapeutic benefit of it. So for example, jumping into an ice bath is fantastic method of resetting the nervous system. It just shocks you, right? It's like a sudden huge, tremendous shock. And I found that beneficial for myself to clear up the last lingering symptoms of long COVID, that were just a little bit of anxiety once in a while, and insomnia and trouble sleeping. And numbness in my hands when I would fall asleep and wake up with numbness in my hands. And I started these ice plunges and it went away, after literally a few days, it was gone. I was just amazed.



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So my point here is that, part of the reason that urine therapy might work is something along those lines, that it's a challenge to the body and a shock to your system, and then it helps your body fight back. So it helps to rev up your immune system. And certainly, there are a number of micronutrients in urine and there's nothing harmful in urine. So I don't know a whole lot about urinary therapy, but it seems plausible that it may be beneficial just because people have used it for thousands of years and found benefit in it.

So that system of digestion and throwing out the trash is triggered at a deeper level a few hours after you eat. So it starts to be triggered then. And then 14 hours after you eat, you rev it up, the trash compactor comes out. You really start to go to town on the trash that's in your body, and you do a deep cleaning, like a spring cleaning. The other thing to know about this is that brain autophagy, neuronal autophagy only happens while you're sleeping. So ideally you would have these 2 things happen at the same time. You would have that 14 hours after your last meal where you enter the deeper levels of spring cleaning autophagy, coincide with a time while you're asleep at night. There are a number of, essentially, natural approaches to healing from long COVID and vaccine injuries both. So I like to start with your mindset. I think this is really important.

START WITH A HEALING MINDSET

And so, the number one thing is that you've got to believe that you're going to get better. If you have a healthcare team, they also have to believe that you will get better and, at a minimum, that you can get better, that it's possible to completely heal from this thing. So that's number one. I mean if your doctor doesn't believe that, find another doctor. I mean what are you doing with that person? There's no point.

If you don't truly believe it deep down, why are you wasting your time? You've got to start with that belief. It all begins there. Then the next step that's really important is almost like bringing the future into existence. So you've got to imagine yourself being completely healed.

This is in a way a prayer. It's like a request to God or the universe or whatever you believe in, like give me this thing, give me this thing that I want, which is to be completely healed. So you imagine it. You can ask for it and then imagine it if you want. But imagine it actually being in the present moment. So it's like you're imagining the future that you want. Imagine it in as much detail as you can. So if you can't smell, imagine smelling. If you are fatigued, imagine jogging, or whatever it is that you would do if you weren't fatigued.

But imagine in clear detail what your surroundings are, who's there, how you feel, how you look in the mirror, whatever it is. Then the most important part is to feel grateful during the imagination. So you're imagining and feeling grateful at the same time.

GET ENOUGH SLEEP

Sleep. Sleep is really important, and it's one of the hardest things to fix for long haulers because I used to lie down at night, and my heart would start pounding. I could feel it in my neck. My blood pressure would go up at the exact wrong time when you don't want it to. So there's all kinds of sleep hygiene ways of cleaning up your sleep.



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You can try all of those. I did a lot of them, and I still had a problem sleeping, although I would keep in mind for people that they took a bunch of insomniacs out into the woods and took them camping and didn't give them a flashlight, and everyone was cured of their insomnia within 24 hours. If you normalize the sleep hygiene enough, it's very difficult to maintain insomnia. So that's one thing you can focus on.

One of the most powerful things is wearing blue blocker sunglasses. So blue light from screens and from just our normal lights in our homes shuts off melatonin production instantly as soon as you're exposed to it, and melatonin is what we need to sleep. Melatonin is also powerfully anti-inflammatory, so some people actually take high doses of it to treat these symptoms.

So whatever it takes to fix your sleep, you've got to do it. Some people may need to try supplements. Ashwagandha is one of those relaxing supplements, but there's a lot of supplements to help you sleep. Magnesium can help you fall asleep. Some people who are taking antihistamines might take the drowsy antihistamine at night to help them fall asleep. So whatever it takes to fix your sleep, do it.

For me, I found that the cold plunges did it really fast. They just reset that sympathetic over activity, and my sleep normalized pretty much right away. But other things that do it, you wake up, you get early morning sun in your eyes, that helps to reset your body clock. You avoid things that upset you a few hours before bed. You avoid eating 3, 4, 5, 6 hours before bed and things like that. So there's a number of different things you can do to help normalize your sleep, including supplements which are easily available online. Just sleep supplements.

THERAPIES, BREATHING EXERCISES & MASSAGE

The other thing in terms of lifestyle stuff, breathing exercises, cold and heat exposure. Sometimes heat exposure worsens it for some people. So sauna, hot showers, hot baths can sometimes trigger the histamine release of the MCAS type of long COVID in vaccine injury. If it does, then avoid those. Try the cold and see if that works. Vagal maneuvers, like I said before, stimulating the dive reflex or doing a massage at this part of the carotid sinus in the neck, bearing down really hard. Different things trigger the vagus nerve to be activated. The easiest one I found is hyperventilating for about 30 seconds, and then take a deep breath, hold your breath, plunge your face into freezing cold water. You could do that 3, 4 times a day even.

Stellate ganglion block is one thing that I mentioned before that people might be able to do. Photobiomodulation, this is another big one. The sun heals people. We've known this for millennia, and we've forgotten it in the modern world. Now we think the sun is harmful and dangerous and we need to load up with sunscreen and cover ourselves up and never see the sun, never see the light of day. We're like vampires now.

There's recent research showing that the people who are sun avoiders, who avoid the sun the most, when you compare them to the people who get the most sun exposure, like natural sun exposure, I'm not talking about sitting in a tanning bed or something, but just get the most sun exposure, there's twice the rate of death in the people who avoid sun compared to the people who get the most sun.



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Different times of day, there's different qualities to the light, different frequencies. They're higher at different times. So the healing frequencies are the infrared and near infrared frequencies. They've been found to be powerfully healing. So you can get infrared and near infrared lamps or saunas. That may be helpful for some people, but just sun exposure in general does thousands of different things. We can't even count all the things that it does in our body. It raises our serotonin, it increases T-cell function, which is an immune system cell. It raises other markers of immune function. Obviously it triggers the production of Vitamin D, which itself has immune benefits. So many different things. The immune system and just our bodies in general are benefited by sun exposure and other types of light exposure are beneficial.

INTERMITTENT FASTING

Definitely intermittent fasting is one of the most powerful ways to trigger it. So at minimum, eat within an 8-hour window every day to do intermittent fasting. So maybe you have breakfast and then lunch or maybe you have lunch and then dinner. You don't want to be grazing the entire 8 hours. You want to have a meal and then stop and then have another meal and then stop, and then go to sleep and wake up and have your meal the next day. So minimum 8 hours. Some people have dropped it down to 1 hour.

So it's actually not that hard. After a few days or a couple of weeks, you can get used to eating once a day. You'll pack all your calories into just once a day and the rest of the day you'll be in this healing mode. So that's one thing that works really well for people. And optionally, some people will go for a longer fast once a week. They might do 24 or 36 or even 48 hours once a week. And that has its own benefits.

ENZYMES - NATTOKINASE AND SERRAPEPTASE

In terms of supplements, I know most people like, "Just tell me what to take. I'm not going to do anything else." I think the most important nowadays are you can start with nattokinase and serrapeptase. These are enzymes that break down the micro clots, so they're really important for that reason.

OMEGA-3 FATTY ACIDS

And then in order to boost them as well, you can take the alpha-tocopherol version of Vitamin E, and you can take at least 4 grams a day of Omega-3 fatty acids, the DHA and EPA ones that come from fish oil or from animal products, not the ALA one that comes from vegetables and some things like purslane. So you want the EPA and DHA ones.

Some people have found even more benefit from just getting EPA fish oil. And so there's a couple of pharmaceutical products that have isolated just the EPA. Vascepa is one of them. And so some people have mentioned that that's really good. So all of these, nattokinase, serrapeptase, fish oil, Vitamin E, especially the alpha-tocopherol version, these are all blood thinners, and they help to clear up the micro clotting. Like I said before, in order to trigger autophagy, you can use spermidine and resveratrol.



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NATURAL MEDICINES

And it's also highly recommended to use curcumin, Nigella sativa or black seed, and dandelion, which is why I actually came up with a product called immunity herbals that's available at my goto stack because you can't find these 3 things any place in one capsule. They're always separate.

Nigella sativa is usually in a liquid form and it's a bit annoying to swallow the liquid. I get a little bit of reflux with it. It's a very strong kind of taste in liquid. But curcumin, Nigella sativa, and then dandelion, they all have very beneficial effects on the inflammation that's triggered by long COVID and the spike protein from the shots also. So similar to Ivermectin, they lower interleukin levels.

They inhibit nuclear factor kappa B, so they inhibit these specific kinds of inflammation that are found in long COVID, which reminds me that a lot of people go to a regular doctor and they get a regular lab test workout, and they're like, "You have no inflammation. There's nothing wrong with you." And it's like, "You're just not looking in the right place."

If you look for interleukin 6 and 10 and interleukin 3 and VEGF and all these things, sCD40L, these are markers of inflammation. These are cytokines that cause inflammation. You've just got to look in the right place. So these things help to inhibit the inflammation. If there's viral persistence in long COVID, one of the theories is that you've got viral persistence maybe in the gut or maybe in the gut microbiome or maybe in some isolated tissue in the body that's hard to test. They also have antiviral effects.

ESSENTIAL VITAMINS AND MINERALS

Then kind of the backbone of the protocol, as I've always thought of it, would be Vitamin C, Vitamin D, zinc, quercetin. And I've added bromelain and K2 to it, specifically because taking high dose Vitamin D, which is one of the 4 fat-soluble vitamins, A, D, E, and K, just over focusing on 1 of them tends to deplete the others. So Vitamin K2 is really important to take with Vitamin D. And interestingly enough, it also has these anti-inflammatory effects of lowering interleukins similar again to Ivermectin.

So I've added Vitamin K2 to that protocol. And then bromelain I've added because it helps increase the absorption of quercetin. Quercetin, as a lot of people know, is like the zinc ionophore. It helps to get zinc into the cells so that zinc can have its antiviral effect. But it's also important for healing from long COVID, even if you don't have persistent virus, or healing from vaccine injuries, because it's got this anti-inflammatory effect and especially this antihistamine effect for the people who have increased histamine and inflammation from that.

Then the other interesting thing about bromelain is it also helps to digest the spike protein. The nattokinase/serrapeptase can also help digest the spike protein as well as bromelain. It can actually literally digest the spike protein in your bloodstream and in your tissues.



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Then Vitamin A, also very important for balancing the nervous system. It's been neglected by a lot of people just saying take Vitamin D, D, D. You've got to balance D intake with Vitamin A intake, and they balance 2 opposing arms of the immune system and help you to balance out the inflammation in your body and end it. Omega-3 fatty acids I mentioned before and/or Vascepa, very effective at addressing vascular inflammation and the clotting as well. They help with that. NAC, extremely effective and beneficial for a lot of people. Also, when you're taking zinc for prolonged periods, you got to be sure that you're getting enough copper. So it's important to take some copper supplement with zinc.

MITOCHONDRIAL SUPPORT

Some of the latest things that we've been recommending, L-arginine is quite beneficial in 1 to 2 grams twice a day. Another thing that works great, oftentimes, for fatigue and just boosting mitochondrial function, which is a real issue with COVID, is methylene blue. So that's something that you can get over the counter. Just make sure that you get a pharmaceutical grade version.

So you don't want something that's used to stain tissue slides. It's also used in laboratories to stain tissue slides, and it may have some other contaminants in it when it's used for that indication. So get pharmaceutical grade methylene blue. Tremendously effective for a lot of people. It can stain your secretions blue, so your tears and your saliva, even your urine. So just be aware of that.

MELATONIN

Melatonin, like I mentioned earlier, up to 8 milligrams a night. You want a, preferably, slow release. I'm a little bit careful about this one because it's a sleep hormone, and if you take too much of a hormone, it can turn off your own body's ability to make that hormone. So this is not one of my starters. I tend to downgrade this one a bit, but some people really need the help with sleep and it might be beneficial in their case. In that case, try to skip a day at least a week so that your own body's ability to make it doesn't completely turn off.

MAGNESIUM

Magnesium is really important on a lot of different levels. It helps with good bowel movements, it helps with calming people down, it helps people go to sleep, and most people are deficient in magnesium. Probably everyone is in the modern world. There just is not enough magnesium in our food anymore because of soil depletion. I mentioned Vitamin C before, so 500 to 1000 twice a day. But you can also do high-dose Vitamin C IV, so 25 grams a week or even more. Some people have found that to be tremendously beneficial. Again, not absolutely necessary, but if you have access to it and you have the funds, a possibility.

Then there's things that optimize mitochondrial energy like ozone I mentioned before. You can get ozonated oils that you can apply topically to get access to ozone or you can learn how to ozonate your own water and drink it. The ozone will be released from the water over time, but if you ozonate it and drink it within a few days,



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you'll probably get the benefits of the ozone, and it'll be absorbed directly into your bloodstream. That optimizes mitochondrial energy pathways.

HERBS

Chinese skullcap, in general, is probably one of the most important herbs for treating acute COVID and long COVID. So if the theory that some people at least have viral persistence, like active replicating virus in their bodies is correct, protease inhibitors is a great way to end the viral replication because it blocks the enzyme the virus needs to replicate.

Latest Expert-Recommended Treatments for Long-COVID and Post-Vaxx Injuries

PYCNOGENOL - A FRENCH MARITIME PINE TREE

Pycnogenol is a patented extract derived from the bark of the French maritime pine tree (*Pinus pinaster*). It is a natural plant extract that has gained popularity as a dietary supplement and is known for its health benefits.

Dr. Jana Schmidt has discussed the preventive effects of Pycnogenol® on cardiovascular risk factors (including endothelial function) and microcirculation in subjects recovering from coronavirus disease 2019 (COVID-19). She discusses the beneficial effects Pycnogenol® has on the body when fighting COVID-19 symptoms such as improving circulation, reducing swelling, helping prevent deep vein thrombosis.

Furthermore, multiple studies have been conducted within the same parameters as Dr. Jana Schmidt's studies, here is a study conducted in which the aim was to evaluate the effects of Pycnogenol® in comparison with controls on symptoms of post-COVID-19 syndrome and in improving endothelial function, microcirculation, inflammatory markers and oxidative stress over 3 months in symptomatic subjects recovering from COVID-19.

The study concluded that Pycnogenol® indeed showed significant improvements in the symptoms shown by patients recovering from COVID-19.- <https://pubmed.ncbi.nlm.nih.gov/34060731/>

Here are some benefits that Pycnogenol® has to the body which make it advantageous to fighting symptoms of COVID-19:

Antioxidant Properties

Pycnogenol is rich in antioxidants, which are compounds that help protect the body against oxidative stress and damage caused by free radicals. Antioxidants are believed to have various health benefits, including supporting cardiovascular health and reducing inflammation.



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Cardiovascular Health

Pycnogenol has been studied for its potential effects on cardiovascular health. Research suggests that it may help improve blood circulation, reduce blood pressure, enhance the function of blood vessels, and reduce the risk of cardiovascular diseases.

Anti-inflammatory Effects: Pycnogenol has shown anti-inflammatory properties, which may help reduce inflammation in the body. Chronic inflammation is associated with various health conditions, including cardiovascular diseases, arthritis, and certain cancers.

Skin Health

Pycnogenol has been investigated for its potential benefits for skin health. Studies suggest that it may help improve skin elasticity, reduce the signs of aging, and protect the skin against oxidative damage caused by environmental factors such as UV radiation.

Cognitive Function

Some studies have explored the effects of Pycnogenol on cognitive function and mental well-being. It has been suggested that Pycnogenol may improve cognitive performance, attention, and memory, but further research is needed to establish its efficacy in this area.

Dr. Sayer Ji

So like Dr. Ealy has advocated, I think fasting is a great reset. And in my own program with Regenerate, that's one of the things I advocate is, don't just do a water fast. You might just go on a apple fast, where all you're doing is eating apples, so that whenever you're hungry, your body gets something that's gonna help cleanse and help to further detoxify. And then, you're not dealing with a complete shutdown of your digestive system.

So, what should happen is in inverse order, the body will consume the tissue that is most diseased and leave intact the healthiest tissue, depending how long you sustain that.

Now, for some people who have a huge burden of toxicity, it's not a good idea to do fast, where all this is getting dumped into your blood system, without knowing more about how to cleanse your liver, your digestive. There's a lot of information out there on that. I would suggest, of course, doing research on this topic yourself before you do anything like that.

As far as what I would do if I was dealing with what is being described as COVID-19 symptoms, I did, myself, have a very intense flu-like experience several years ago. And for me, that is actually something that my body, I welcome it. My body is saying, "Listen, your lifestyle might have been too stressful. You didn't get enough rest. Here's a time to fast, to go ahead and detoxify."

So again, your body's gonna probably produce the circumstances you need for healing, regardless. I'm a big advocate of looking at your symptoms as being part of the solution and supporting them.



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Now, in the case of what could be considered a dark, synthetic type of influenza or coronavirus, I get that. I've had people tell me all types of testimonies about how this was different. This brought them to their knees. It was like a dark night of the soul. And I've witnessed some of that, close to myself.

So all the more reason why we need to learn the basics of health, and that does start, of course, always with your diet, removing the obvious culprits, going 100% organic, making sure you're not eating things like wheat and cow's milk from toxic sources. You're going with more ancestral foods. I'm a big advocate of basically using your diet as the way to address the majority of your symptoms.

Now, when it comes to the more clinical discussion, yes, there are things people can use for concerns around clotting associated with spike protein. What I understand is that there are compounds, like serrapeptase which is a silkworm enzyme. There's nattokinase, which is another enzyme that comes from the traditional Japanese fermented food Natto, which is incredible benefit to the body.

There's also Pycnogenol. It's one of those many amazing supplements that has been compared to aspirin for efficacy, as far as antiplatelet, keeping your blood flowing, but it doesn't have the hemorrhagic side effects associated with aspirin. People casually still pop aspirin, not realizing they're risking their life, whereas Pycnogenol gives you a similar effect, where you are less likely to have to deal with concerns around, say, embolism on long-haul travel. Pycnogenol has been studied for that, for example.

So, that's another way that you can kind of interact with the conventional medical approaches, but still know there are alternatives that have been vetted through a lot of research, actually. That's why GreenMedinfo exists, so you can go there, and you can look for things that are evidence-based and a natural alternative."

PROTEOLYTIC ENZYMES

Proteolytic enzymes, also known as proteases or proteinases, are enzymes that break down proteins into smaller peptides or amino acids. These enzymes play crucial roles in various biological processes and are found in different parts of the body, including the digestive system, immune system, and cells. It's a proteolytic enzyme that breaks down proteins.

"Guess what viruses are? They're proteins. And virtually all proteolytic enzymes are very helpful with viruses of any kind." - Dr. Daniel Nuzum

Dr. Daniel Nuzum, a renowned naturopathic doctor, explains how using the Proteolytic Enzymes such as Bromelain, Protease and Serrapeptase allows the body to continuously break down COVID-19 spike proteins that we are exposed to.

He says, "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.



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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.”

Multiple medical studies have been conducted on the role that Proteolytic enzymes play in the prevention and treatment of COVID-19, much like the following study showed many positive effects that proteolytic enzymes have to offer such as, it may be able to limit fatal complications, including pulmonary and cardiovascular diseases, and improve the prognosis of COVID-19.⁴

Here are some key points about proteolytic enzymes and why they are beneficial in fighting symptoms of COVID-19:

Digestive Function

Proteolytic enzymes are essential for the digestion of dietary proteins. In the stomach, the enzyme pepsin is responsible for breaking down proteins into smaller peptides. In the small intestine, pancreatic enzymes such as trypsin, chymotrypsin, and elastase further break down peptides into amino acids for absorption.

Systemic Enzymes

Proteolytic enzymes can also have systemic effects beyond digestion. When taken orally as supplements, certain proteolytic enzymes can enter the bloodstream and exert various actions in the body. These enzymes are often referred to as systemic or enteric-coated enzymes.

Anti-Inflammatory Effects

Proteolytic enzymes have been studied for their potential anti-inflammatory properties. They can help modulate the inflammatory response by breaking down inflammatory mediators, reducing swelling and promoting tissue healing. As a result, they are sometimes used as complementary treatments for inflammatory conditions such as arthritis or sports injuries.

Immune Support

Proteolytic enzymes can support immune function. They may help enhance the activity of immune cells, such as natural killer (NK) cells and macrophages, which play roles in defending the body against pathogens and tumor cells.

Fibrinolytic Activity

Some proteolytic enzymes possess fibrinolytic activity, meaning they can help break down fibrin, a protein involved in blood clot formation. This property has led to the use of certain proteolytic enzymes in conditions characterized by excessive clotting or impaired blood flow.

Dr. Peter McCullough

The current state-of-the-art treatment for myocarditis, I think largely led by the Japanese, includes colchicine, corticosteroids, sometimes various forms of immunoglobulins. If heart failure, they need specialized heart failure



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medications. If there has been a sudden cardiac death event, they'll need an implantable cardiac defibrillator. There have been now documented cases that have gone all the way to heart transplant. Sadly, a case in 2021, first name Simone, Northwestern University student forced to take the vaccine, develops Moderna myocarditis, goes into fulminant heart failure, receives a transplant at Northwestern University, then actually dies of an infection after the transplant.

So the range of treatments is great. It depends on the degree of left ventricular dysfunction, but what we know in papers by Jenna Schauer, by so many in this field, that we know that COVID-19 vaccine-induced myocarditis is not mild, and we know that it's not rare. The vast majority of acute cases require hospitalization serious, and the rates of sudden death worldwide are on the rise. I'm concerned that some of this is accounted for by COVID-19 vaccine-induced myocarditis.

The COVID-19 vaccines are so synthetic and artificial, it's a real challenge to muster up a natural approach to combating them. To make matters worse, most people in 2021, 2022 had both the viral infection and COVID-19 vaccinations, so they've had multiple exposures. So certainly healthy diet, exercise, vitamins are all recommended. I think probably the most hopeful strategy right now has been investigated by the Japanese, and it's a natural proteolytic enzyme called nattokinase, nattokinase. There's a related peptide called streptase, but nattokinase has been shown to dissolve the spike protein in a single in-vitro study and leave the cells and tissues intact. It clearly needs clinical study, but at this point in time, I think that's the most promising approach.

Dr. Thomas E Levy

Now, the D-dimer test should never be abnormal. So whatever's going on, no matter how good you feel, if your D-dimer test is elevated, you've got to push hard on the measures I've just said. In particular, take one or all of nattokinase, lumbrokinase, and serrapeptase. Probably the simplest wine is to go with this nattokinase. All three of these are extremely safe. The nattokinase is basically a food product such as they take in the Asian countries that come from their fermented soy products. But what it does is it dissolves pre-existing clot. So it's not just enough to stop blood clotting, abnormal blood clotting, you want to have agents that will go in there and dissolve pre-existing clots because they're always a foundation for developing further pathology.

So this is pretty much the package for dealing with this. I want to make some comments about the neurological problems that some people develop. It's only very recently that I've come across the fact that you can take intranasal applications of insulin. There's no systemic effect. There's no bad side effects of any type. Using a device like this, syringe with a little nose applicator, 40-50 units of insulin, an enormous amount of it gets directly into your central nervous system, crosses the blood-brain barrier because it bypasses the blood-brain barrier through the olfactory tract, and significantly improves symptomatology in chronic neurologic diseases such as Alzheimer's, such as Parkinson's, depression, all the problems.

This is because I might add, when you get insulin in higher concentrations inside your brain, insulin does a lot more than put glucose inside the cell. It also pushes to the same degree as glucose, it pushes Vitamin C inside the cell. When you can get the Vitamin C levels up inside any infected or diseased cell, it's going to function better. When you get enough Vitamin C inside it, it's going to function normally. So this is a very simple way to do it.



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Again, your only expense would be buying the insulin, which unfortunately is getting more expensive these days. But so far, it's remained, amazingly enough, a non-prescription agent. So it's still something that you can buy that's trying to make it easier on the diabetics to get their insulin. Now, this is going to help everything, and it's a very simple thing to do.

Something that I should also mention is the importance of cortisol hydrocortisone in dealing with actually disease in general, but also very much the long-haul COVID problem and the post-vaccine COVID problem. Because as I just said, oxidative stress is all disease. Inside your cell, when you have increased oxidative stress, you have a diseased cell. When you get enough Vitamin C inside it, the oxidative stress normalizes and you no longer have a diseased cell. It's really that simple. So any measure that you can use to get Vitamin C inside your cells is going to be a super positive intervention. Cortisol hydrocortisone, naturally secreted by your adrenal glands is designed by nature to push Vitamin C inside your cells. And you should be, but most people are not, making your own Vitamin C synthesized by your liver. We've lost that fourth enzyme. The animals still have it. But the point is, whenever you face a new infection or stress, you get the fight or flight reaction, and you should be simultaneously putting cortisol into your blood and Vitamin C into your blood so the cortisol could push the Vitamin C inside the cells.

But for people that are missing that, they're just getting the cortisol, they're not getting the Vitamin C. As it turns out, and the only unfortunate part about this is the hydrocortisone is a prescription agent so you'll need to find a holistic alternative doc who's willing to work with you, who's interested in these concepts. I have the papers that I've written on this, so any doc, any patient who wants to download those links is free to that. Just send my email. Is when you take a good dose of cortisol and a good dose of Vitamin C simultaneously, the clinical impact is just incredible. It's incredible for the reasons that I just told you.

Now, I've just been working on this myself along with my colleague, Dr. Ron Hunninghake, so don't even ask me for long-haul prospective, double-blind, placebo-controlled trials. They don't exist. They only exist with pharmaceuticals that want to justify the use of a new prescription drug. But the partner to all of this is the fact that because of these facts that I'm telling you right now, it's my opinion that just as so many people are low in estrogen, low in testosterone, low in thyroid, they're also low in the adrenal's ability to make cortisol. So I think nearly all adults have anywhere from a minimal to an advanced degree of adrenal insufficiency and aren't making remotely enough cortisol to work with the Vitamin C that they take.

When you take an extremely large amount of Vitamin C, you don't need the cortisol. This is like IV. So you're taking 50, 75, 100 grams, it's going to get where it needs to go. But when you're taking smaller amounts of Vitamin C, and by smaller I mean 2, 3, 4, 5, 6 grams, you're not going to get the optimal levels inside the cell without a concomitant dose of hydrocortisone. So this is extremely important, and just as for anywhere it's affecting the body, but we're also talking about not just neurological but the myocarditis. It's really sprung to the fore. They're talking about people "getting better" for myocarditis, but then getting sick later on. So it's my opinion that the myocarditis becomes chronic unless you push hard on these therapies.

They're even talking now about an increased incidence of kids that do get myocarditis, not getting over it, and having it rebound months and years later. I suspect it's because of what I've just been talking about here. I also

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suspect, but we don't have the study, is that the chronic myocarditis patients probably have increased D-dimer levels because much of the pathology of the myocarditis is inflammation of the microcirculation which causes and is associated with increased small vessel and capillary blood clotting.

So to recap, both these syndromes, the evidence shows the presence of increased spike protein and the ability of the spike protein to persist in that resolve, and you need to work very hard at knocking out chronic pathogen colonization. Hydrogen peroxide, nebulization, and large doses of Vitamin C along with the hydrogen peroxide, in any one of the bio-oxidative therapies I've mentioned. And if you have access to it, hydroxychloroquine, chloroquine, ivermectin, all of those things are good.

My recommendation is, and I do it myself, is to have one of the over-the-counter supplemental thrombolytic treatments, serrapeptase, lumbrokinase, nattokinase, take it for life, okay? It's an excellent non-toxic. Because you never know when you're going to start a low-grade problem, and you already have something on board, to keep it from developing or mitigating. So when you have clots and you have an elevated D-dimer, take all three. When you finally get it down to the normal level, you want to maintain with one.



With regard to the natural immunity, you want to do all the good things, okay? The only question is the degree to which it's important. Now, I think obviously the pure and higher quality of food that you take in, the better. Okay? But by the same token, if your budget is limited, I think it's much more important for you to be taking a high dose of Vitamin C a day and eating non-organic food. Okay? So lots of people, especially with the pandemic, especially with the inflation in the United States and worldwide, I think I heard a statistic in the United States that some 40, 45% of our population here now lives paycheck to paycheck. So I mean, just expecting someone to come up with 20, 30, 40, 50, or even 100 dollars a month for different supplements and things like that is very problematic for a lot of people.

So obviously, or I say obviously if you have the money, you want a good quality organic diet, you want to follow proper principles of food combination. It's not so much the quality of food that's most important, believe it or not, but it's the quality of your digestion. I've always said that if you eat a perfect organic diet and you digest it poorly, and much of it rots and petrifies because you don't pay attention to combinations, and you eat a McDonald's diet every day and digest it perfectly, you have far more toxins in your body from the poorly-digested organic diet.



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N-ACETYL CYSTEINE (NAC)

N-acetyl cysteine (NAC) is a supplement and a modified form of the amino acid cysteine. It is commonly used for its antioxidant properties and its ability to support liver function. NAC is also a precursor to glutathione, which is an important antioxidant produced naturally in the body.

Here are some key points about N-acetyl cysteine:

Antioxidant activity

NAC acts as an antioxidant by replenishing glutathione levels in the body. Glutathione helps neutralize harmful free radicals and reduce oxidative stress.

Detoxification

NAC has been used to support liver health and aid in detoxification processes. It helps in the breakdown of certain toxic substances, such as acetaminophen (paracetamol), by increasing glutathione levels.

Mucolytic effects

NAC is known for its mucolytic properties, meaning it can help break down and thin mucus. It is often used as an expectorant to relieve respiratory conditions such as bronchitis and chronic obstructive pulmonary disease (COPD).

Mental health

NAC has gained attention for its potential benefits in mental health conditions. Some studies suggest that it may have a positive impact on conditions like depression, bipolar disorder, and obsessive-compulsive disorder (OCD). However, more research is needed to fully understand its effectiveness.

Dr. Daniel Nuzum suggested the following two supplements when recovering from COVID-19 to help the recovery process, here he talks about the detoxification properties when taken together

“Another thing that’s not well-publicized, no one really knows about it, is the TMG.

Remember the trimethylglycine that I talked about earlier? And NAC, the N-acetyl L-cysteine. Those 2 amino acids, when you’re taking them in the 2500 to 3000 milligram a day dose, are antiparasitic, very antiparasitic. They’re very, very good for parasitic infections. And they’re amino acids.

They’re very, very simple things for your body to metabolize. They’re not toxic. Matter of fact, they’re detoxifying. Those are some other things that are really, really helpful.”

Dr. Bryan Ardis, a renowned chiropractor who has been leading the research in reversing the deadly effects of envenomation (From COVID and the jabs) highly recommends NAC.



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“So when you’re looking into bungarotoxin and cobra toxin research, back in the ‘70s you can find **king cobra venom** research for cobra toxin. And they found that there was a plant called the Mucuna pruriens from the velvet bean plant that inhibits the toxin of cobra toxin. And then you fast forward into the 90s and early 2000s and then the 2015 rough period, oh my God, imagine all my shock to bungarotoxin and the plant extracts they’re researching around the world perfectly bind to bungarotoxin krait venom. There’s research studies all over the world going on, including in 2018, they did a whole study on over 800 plants just to see which ones would inhibit and block the ability of bungarotoxin, which was found to be the spike protein on COVID in 2020. When they found bungarotoxin, they’re researching bungarotoxin from krait venom. They want to know what plants inhibit and potentially protect people from toxic effects and deadly effects of bungarotoxin in 2018.

And they published, of those 800 plants, there are 10 that had the best ability to stop bungarotoxin from killing the mammal. And two of those were ashwagandha and chaste tree, which were two herbal plant extracts. So these are just examples. If you don’t know what the weapon is, you don’t know what antidotes to go look for. Natural inhibitors to snake venom also include, and it’s published, glutathione inhibits and detoxifies venom and reduces its toxic load, all venoms in the human body. So does N-acetyl cysteine, so does Vitamin C, and so does EDTA. EDTA actually completely inhibits or destroys most venoms. It is the most widely published destroyer of venoms alongside hydrogen peroxide and ozone.

So once you recognize what the weapon is, then you know you can go start researching how to treat it. Because in the research worldwide, you’re going to find out just for the example with Coumadin, when they put you on a blood thinner, they’re going to tell you you can’t eat these foods now. And the reasons why they tell you not to eat those vegetables now is because the vegetables are natural blood thinners. And the truth is if you walked out of the medical doctor’s office and tore up the prescription and threw it in the trash, you could go home and just eat those list of plants, come back two months later, eat 2 to 3 servings of those every day and go back and get your blood tested again. And the medical doctor would think you were on Coumadin. “Oh my God, your blood markers look so good. Good job taking your drug.” And you could go like this, “I’m not taking the drug. I just decided to eat the plants you told me not to.”

Now this is key because I was up against this every day for 20 years in practice. A lot of my patients were coming to me already being treated by medical doctors and being prescribed multiple drugs, some of them up to 25 different prescriptions. And you had to start tearing down the false illusion that they needed the drugs. They are always going to warn the public of what to avoid when you take our experiment or our drug. For example, Coumadin, here’s your drug. Don’t eat these plants. In the world of COVID, in May of 2020, the FDA came out and said, “We’re not going to allow any American consumers to anymore purchase from supplement companies a product called NAC, N-acetyl cysteine.”

And this created a massive upset to all the supplement companies in America because they’ve been selling N-acetyl cysteine for 75 years as a supplement. Now all of a sudden, five months into this pandemic, the FDA comes out and says, “Supplement companies can no longer sell NAC. We’re going to make it a prescription drug now.” Now, this is what they’re telling the world, “Supplement makers, you can’t sell it anymore. Consumers in America, we’re not making it available to you anymore.” And that’s very, very key because it is published. This is



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May of 2020, they're telling all of America, "Supplement companies you can't make it anymore. Consumers, you can't buy it anymore in America." This is May of 2020, but in October of 2020, just a few months later, they tell the entire American public that in two months there's going to be a vaccine coming out to save the world from COVID.

And that came out in December. What was the published side effects of this shot in October by the FDA? It included thrombocytopenia, aggregation of platelets, which is blood clots. And guess what NAC reverses? Blood clots. So the fact that the FDA would come out and make such a monumental stand to devoid the American public of a product that prevents blood clots. From having access in all shelves in the world in America, the fact that our government was going to restrict that from people and then publish three or four months later that they're about to introduce a vaccine to the whole world and to Americans that causes and they knew would cause blood clots that NAC would prevent. And it's also published that NAC is an antidote to venom. This is how you know that they know what the antidotes are and they've been researching it for years because they want to strip you of trust in those natural substances.

Why? They want the American public to not trust supplements in general. Why? Because natural supplements actually provide antidotes to what they're trying to poison you with called COVID-19 and the vaccines of COVID. So knowing the origin of COVID and what the weapon is, which is venoms, and that these venoms target nicotinic acetylcholine receptors, oh my God, once you know what the venoms are, go look and see what the published antidotes to venom are and you're gonna learn what they know and they're publishing are the natural detoxing agents of venoms in the human body to protect you and your loved ones at home. When you know what the actual target weapon is and you see that it's nicotine receptors that are being targeted by venom and by the virus, when you learn that, all of a sudden what is it you now can look into the media at right now and go, what's the media been telling us and the governments of this world been telling us for the last three years about nicotine and tobacco products and COVID?

It was published that the spike proteins, which are venoms, are targeting nicotine receptors and making us sick, causing long-hauler symptoms and vaccine injuries. That's what venoms target. If that's what they're targeting and nicotine is the ultimate antidote to stopping venom from binding to nicotine receptors, you'll now start understanding why it is that all mainstream media is projecting a narrative that tobacco products and nicotine products you should not be using. Why it is they are now having health agencies agendas in the UK, Canada, America, Australian, New Zealand, right now in the last year alone, why it is they are putting initiatives in to restrict access to all nicotine products. Now, they will declare to you it's for your health. It's not for your health. It might be to sabotage your health because they know they're gonna continue to spread venom around the world, weaponize venom around the world, inject venom inside of you.

And then you start to realize from the patents where it is that the industries are utilizing the manufacturing of massive amounts of venoms around the world that could help to perpetuate the actual pandemic. There are three major large-scale industries using snake venom in all venoms in products, pharmaceuticals are number one, in drug manufacturing and vaccine manufacturing. The number two is actually insecticides worldwide. Venom is a massive, massive part of the insecticide entire industry. In fact, there's a trademarked insecticide right now called venom insecticide, go look it up. Venom's all over the country and all over the world. Monsanto, for example, that



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most of the world knows about. Monsanto owns the patents on snake venom, scorpion venom, and bee venom-based insecticides. And how big are they? They're massive. How much glyphosate have they spread all over the world? How do you know that's not venom? How do you know they weren't using that? They own the patents to that stuff. Maybe it's laced in there.

And then, you've also got the cosmetic industry. You can go to a website for example, if you really want to see how much snake venom's being used around the world and venoms in general go to made-in-china.com. And between the words made in China, put a hyphen between made in and in china.com. And in the search engine type snake venom peptides. And if that's not worrisome enough for you, type in scorpion venom peptides and look at how many cosmetics contain scorpion venom now. You can start to see just how many manufacturers around the world are manufacturing massive amounts of venoms and how it is we are being exposed to venoms that are creating massive side effects, injuries, illness, death, you name it."

EDTA

EDTA is yet another powerful substance that has been highly effective in treating post-vaxx injuries. According to Dr. Bryan Ardis: *"...these 4 things completely denature and detox venom in combination. One of them does it all by itself, EDTA. You'll hear me keep talking about this, but EDTA (ethylenediaminetetraacetic acid) is published to denature and detoxify venom in the body of animals and humans. It has been known for decades. I mean since 1968, I've found research studies confirming this. So 2,000 milligrams of EDTA supplemented, Vitamin C 5,000 milligrams a day, NAC at 2,000 milligrams a day."*

A study published in the journal, *Communications Biology* concluded that, "we demonstrate that the metal chelator EDTA is also capable of neutralising venom-induced lethality in vivo."⁵

Studies have shown that EDTA has been successful to denature and detoxify snake venom in animals and humans, which is why it has been such a vital tool to denature venoms from COVID or post-vaxx.

Dr. Bryan Ardis on EDTA

What were the spike proteins? The spike proteins were actually termed to be and found to be venomous peptides or rabies virus sequences and that these cross the blood brain barrier to specifically attack nicotinic acetylcholine receptors. This is a big deal. You're asking about brain and neurological help. If you do not address the nicotinic acetylcholine receptors, you've missed the entire potential to save lives in relationship to COVID-19. These weapons are designed to cross the blood brain barrier and attack specifically glial cells in the brainstem and nicotinic acetylcholine receptors.

How do you protect those cells? There's a few of them. Ivermectin, just by chance, happens to be an inhibitor, and it protects and binds to nicotinic acetylcholine receptors, and the body prefers Ivermectin over venom peptides or viral strains of the rabies virus.



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Also, not just Ivermectin, but there's something more powerful at protecting nicotinic acetylcholine receptors from venoms and spike proteins, even if your body's manufacturing them, and that's nicotine. Those of you who have any kind of neurological symptoms, I would first suggest you either try nicotine gum in small doses every day, or you put nicotine patches on your skin. This is numero uno. I cannot even understate how important this is that you use this. In order to get that venom peptides or spike proteins off your nervous system, including your brain, you need to actually use nicotine.

Melatonin hormone is an inhibitor of these venom peptides also. Ivermectin can help to get the venoms off the actual nerve receptor called nicotine receptors. And then there's a substance called EDTA. It is a supplement. There's also transdermal applications of EDTA I've heard about recently that also denature venoms. There's also IV infusions of EDTA. And then there's also supplement forms of EDTA.

The brain is primarily made up of fats. The myelin sheath around the nerves is damaged by the spike proteins, which were actually declared to be venom peptides or viral rabies sequences, which are also neurotoxic and so I would always recommend fats as a compliment on top of trying to get the venom out of the body using nicotine, melatonin, EDTA, also NAC, N-acetyl cysteine, 500 milligrams 4 times a day every day. Selenium at 200 micrograms every day helps to produce what's called glutathione, which is a natural inhibitor and destroyer of venom peptides in the body and helps to protect the nicotine receptors.

On top of that, 3000 milligrams of omega-3 fatty acids. These are the fats to help repair the myelin sheath and repair neurological tissue. Those are the things I would first start with.

Just something as a precaution. When you go to use nicotine gum, don't do 4 milligram tablets. Use the 2 milligram forms because those of you who have venom in your body, you're going to get really nauseous when you chew nicotine at high doses because the nicotine receptors are not only in your brain, they completely line your stomach and your intestines. The moment you put nicotine into the oral cavity that's going to end up in your esophagus and your intestines, immediately your gut's going to start unloading venom peptides that are in your body from the mRNA injections. When they dump into the intestines, you're going to feel nauseous. You're going to get diarrhea, you're going on to throw up. Why? Because those toxins when not bound to your intestines are poisonous to you. What does your body do when it has food poisoning for example? You're going to vomit and have diarrhea. Your body's going to react the same way so I always recommend starting at slow doses of nicotine orally or the smallest dose patches of nicotine to wear daily. That's what I would start with first.

In connection with people getting the mRNA shots and then developing inflammatory, gastrointestinal issues, there is a direct correlation, and everyone needs to look at this medically or holistically if you're a naturopathic type of doctor. You need to look at and study nicotinic acetylcholine receptors. This is the key to the mRNA technology and to COVID. Those are the receptors they are targeting with these biological weapons, so please keep that in mind. They are specifically found in the brain, heart, intestines, testes, ovaries, and kidneys. These are the organs where the nicotinic acetylcholine receptors are the most prominent. These are the ones that they are targeting. - **Dr. Bryan Ardis**



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TRIMETHYLGLYCINE

Also known as TMG or betaine, is a compound that is derived from the amino acid glycine. It is naturally found in a variety of plant and animal sources, including beets, spinach, and seafood. TMG is widely used as a dietary supplement and has several potential health benefits. Here are some key points about trimethylglycine:

Methylation and homocysteine metabolism

TMG plays a crucial role in a process called methylation, which is involved in various biochemical reactions in the body. It serves as a methyl donor, meaning it can transfer a methyl group to other molecules. TMG can help convert the amino acid homocysteine into methionine, thereby supporting healthy homocysteine metabolism.

Heart health

By assisting in the conversion of homocysteine, TMG may help maintain normal levels of this amino acid in the blood. Elevated levels of homocysteine have been associated with an increased risk of cardiovascular disease. TMG supplementation has been studied for its potential to lower homocysteine levels and promote heart health.

Exercise performance

Some research suggests that TMG supplementation may have beneficial effects on exercise performance. It is believed that TMG can enhance the production of creatine, a compound involved in energy production during high-intensity exercise. By supporting creatine synthesis, TMG may help improve strength, power, and endurance.

Liver function

TMG has been investigated for its potential hepatoprotective properties. It may help protect the liver from damage caused by toxins, medications, and alcohol. TMG's ability to support healthy homocysteine metabolism also contributes to its potential liver-protective effects.

Top expert, Dr. Ealy discusses the benefits of this:

Dr. Henry Ealy

“Well, stage one, because we have to walk people through, and this is why I’m not a fan of protocols and I’m not a fan of kitchen sink or shotgun methods and things like that. Stage one, we said, “Where do we begin?” To me, it’s always the same answer for that. We begin with mitochondria. We begin with making sure that mitochondria have everything they need to produce energy. That’s going to be a lot of B-Complex vitamins and minerals. But there are other considerations that we had to take, and so some of the things that have been really cool that we’ve learned, and big shout out to the Dr. Judy Mikovits for all of the time she spent with me and shared so many wonderful, wonderful things. We understood from talking with her that trimethylglycine is a big deal. Especially most of these people who are severely injured have an MTHFR mutation.



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So that means that they don't methylate very well. When a person doesn't methylate very well, there's two very severe consequences that can occur at the cell level. The first consequence at the cell level is that with the inability to methylate well, your own DNA stays very vulnerable, it stays very extended, and when it's extended, that means it's more ripe for genetic modification. In this case, what Katalin Karikó--and I'll talk more about her a little bit later as well--what Katalin Karikó has been searching for since 1998: gene replacement. You see, everybody in the marketing and on the news and everything calls it therapy. It's not therapy and it was never designed to be a therapy. They were always searching for gene replacement, which is another fancy way of saying genetic modification. They wanted to know how to modify the human genome, and that's where you get the pseudouridine, the synthetic pseudouridine and the lipid nanoparticles and all this mRNA crap, is because they've always been after modifying the human genome.

Well, in stage one, we have to take the opinion for people who are moderately and severely injured that they have been modified to some extent. And if they haven't been modified, that they have an mRNA sequence from the damn shots in them that their body isn't breaking down, so they're constantly making, in either scenario, spike glycoprotein. So we said, "What do we do in stage one? What's important?" Well, trimethylglycine became very important because with trimethylglycine, you're getting three methyl groups and a glycine molecule, and when you give the body more methyl groups, you start to engage the protection of the DNA, and then the other consequence for people who don't methylate very well is one of their major pathways of cell detoxification, the methylation pathway is thrown off. People who don't methylate very well have a tendency to have histamine accumulating and just having a longer activity window in their body, which of course can elevate interferon and tumor necrosis factor.

So, what we did was we said, "We need to have the trimethylglycine that's going to help those two very important things. It's going to help protect the DNA and it's going to help deal with the excessive histamine release." We also said that we needed some other things that we learned, and one of those big things that we learned was that yes, L-arginine and especially a great product like John Hewlett's Cardio Miracle, that is a fantastic product, but that we can't just introduce L-arginine alone. You have to balance it out with L-lysine because the benefit of L-arginine is that it helps the body make nitric oxide, which is a vasodilator perfectly indicated for anybody who's dealing with a cardiovascular issue like the myocarditis, pericarditis, blood clotting issues."

FOOD-GRADE HYDROGEN PEROXIDE

A few of our renowned experts who are successfully treating post-COVID symptoms and post-vaxx injuries are recommending this powerful substance.

Dr. Henry Ealy

My favorite and one we're using with great success right now is diluted, food-grade hydrogen peroxide. It's probably the most effective that I've seen of everything so far. That just breaks down spike glycoprotein into the smaller components. It breaks down this larger protein molecule into a bunch of smaller protein molecules. Remember, those can still be lethal and still be injurious to the cell, so what we do at that point is make sure we



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have a binding agent, and the binding agent we've been using successfully is bentonite clay, hydrated bentonite clay. The thought process becomes, I'm going to do something to dislodge it – heat, sauna work, tobacco foot baths, something like that. We're not advocating people smoke tobacco, obviously. Two, we want to neutralize it, so the ashwagandha, the licorice root. This is what we're using right now, but there's more options to neutralize it. Three, I think ivermectin would fall into a neutralizing category as well, by the way.

Number three would be now we want to dissolve it, and that's where we're really going after food-grade hydrogen peroxide, but we're also using some proteolytic enzymes and Vitamin C. We're actually using multiple things because different parts of the day require different things. I'm going to talk about hydrogen peroxide next. We're going to do just a whole segment on hydrogen peroxide for you. The fourth thing though is the key – binding. When you bind, now you get the body a chance to take these degraded products and clear them from the system. When you get those four things together, you got it, that's essentially stage 2, is clearing the spike glycoprotein, but remember what the thought process is. It's not just to lower spike glycoprotein. It's to set the stage for stage 3. Fasting, where autophagocytosis and DNA repair occur.

Well, with respect to stage 2, there's something we're using that's very different. I haven't heard of anybody using it out there yet, and I think it's really effective. We're seeing it being very effective for us with breaking down, dissolving the spike glycoprotein, and that's food-grade, diluted hydrogen peroxide. What I want to share with you in this segment is just number one, it should only be used with a practitioner, somebody who knows what they're doing with it. The work we're doing is based upon Cavanaugh's book, *The One-Minute Cure*, I think, which is a very interesting and actually, quick read. Lot of great anecdotal stories in there. You hope the testimonials are accurate and there's no reason to believe that they're not that you're getting from there.

I took my first drop of diluted, food-grade hydrogen peroxide, and I could feel it instantly everywhere in my body where I had a ongoing issue or previous injury. I could feel it instantly, and I was so blown away by it that I immediately called Dr. Ardis and was like, "Yo, dude. This is incredible," but I started talking with all of my team at the school and was like, "There's very few things..." I'm been at this 20... What? 24 years now? Is it 24? Wow. 24 years now. There's very few things that blow me away, but this blew me away. I was like, "This is something that's very special, that we need to figure out, learn more about and figure out how to incorporate because it's a big deal."

Now it comes with cautions. It is food-grade hydrogen peroxide, so if you are taking it under somebody's supervision, make sure that you're not taking it at the same time with any other nutrients, especially Vitamin C because it creates a lot of free radicals and can actually be lethal. Not at the low doses we are using, but at higher doses, we have confirmation that it's been lethal to people when they've tried to use it at the same time as Vitamin C. I'm also very concerned about the use of it when people are on medications that have very long half-lives like hydroxychloroquine. I don't think it's a good idea. I'm not a fan of hydroxychloroquine. I know a lot of people are touting it.

I just think the terminal elimination half-life of being 40 days or something like that, 40 to 50 days is way too long. So I think in acute situations where you couldn't get ivermectin, sure, but I'm just not a fan for that reason. It's too



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great a likelihood that hydroxychloroquine will bioaccumulate. But when we're talking about food-grade hydrogen peroxide for internal use, keep in mind that it has to be food-grade. You cannot use something unless it specifically says food-grade, and it has to be significantly diluted, and I'm not going to share those on this, I think, because you need to be under the supervision of somebody who knows what they're doing.

My experience with it, when I first started using it, I'm titrating up every day, adding another drop every day and building up and diluting it and building up every day. I got to about day 8 or 9, and the goal was to get to 15 drops of it at 35%, heavily diluted. I got to about day 8 or 9 and I felt like there was no way I was going to get to day 15. Ultimately, I was able to get up to that point with it, but it's not an easy process, and it is a very potent medicine for these reasons. Not only does hydrogen peroxide play instrumental roles in the redox pathways in cellular biochemistry, but it also acts as a chemoattractant for immune cells. Wherever it starts to go, it gravitates for whatever reason, to where we have injuries, where there's spike glycoprotein, where there's old injuries in the body.

It gravitates to there, so it starts breaking it down and then that calls in the immune system to do it, so it's not an easy process at all. It does, again, require supervision. Do not use food-grade hydrogen peroxide without having a skilled practitioner on hand. I just wanted to share that one with you because I think it's something that's very important for practitioners to be exploring, and I think it's something that we're going to find out is really a key therapeutic in stage two in terms of lowering spike glycoprotein, lowering the load of the lethal glycoprotein in the body and making sure that we are helping people turn that very important corner back into truly energetic health. Wow, man. What's the whole deal? What's the whole point of stage 1 and stage 2? The whole point of it is to get to stage 3.

The whole point is to get to fasting. If you've been following anything that I've been doing over the last several years with this crucial global topic, please tell me you have been following me and what I've been saying about fasting, that intermittent fasting is great. You have to be hungry every day. Hunger is healing. I'm not talking about starvation. I'm talking about hunger. That before you put calories in your body every day, you need to be hungry because when you're hungry, your body's producing glucagon. When your body's producing glucagon, glucagon is an mTOR inhibitor. When your body has mTOR inhibition, interferon levels drop, and when interferon levels drop, tumor necrosis factors drop, and what you're doing in those time periods every day is you're giving your body hours every single day of dropping interferon, tumor necrosis factor, which means you're dropping the production of pseudouridine that we'll talk about in a second, and you're dropping, potentially, the development of cancerous cells.

It's that important. It is huge, but it's not enough because when we get into fasting and specifically intermittent fasting, it's a way to make sure that your body cleans up what it did yesterday, and overall, it does add up. Let's say you get in maybe an hour or two, a very low-level autophagocytosis every day. Well, if that happens every day, let's say you got in two hours of autophagocytosis. Very entry, very beginning stages of autophagocytosis every day. By the end of the week, that's 14 hours of cellular healing that you gave your body, which is a huge win, though the problem is this, and this is I think, the big misunderstanding. Everybody's like, "Well, I can do the intermittent fasting." It's 16 hours, 18 hours. Some people doing 20 hours a day. I'm only going to eat in very short calorie windows. That's a great habit.



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Dr. Jana Schmidt

I found that it was really helpful with respiratory issues, whether it was from COVID or from something else, but combining that with a nebulizer, nebulizing either food-grade hydrogen peroxide, dietary iodine, or colloidal silver or alternating them seems to help all of that.

And in the process, there was a company that has come out that's now producing the ChlorOxygen with ashwagandha and magnesium and I'm so excited about this product. This is the one I'm going to start recommending.

It's called DiveOx, D-I-V- E- O-X. I'm excited to start using this one. ChlorOxygen has been great, but this one takes it to a next level because of the adaptogenic herb ashwagandha. This is going to be amazing for helping a wide variety of ailments and also people who are still struggling with long-haul or spike protein issues or anything coming down the pike. We're going to be ready.

NICOTINE

Nicotine has proven to be a powerful treatment for COVID and vaxx injuries due to its ability to block the nicotinic receptors and prevent venoms from entering. Dr. Ardis has been the pioneer of this life-saving research.

Dr. Bryan Ardis

The mRNA shots, Pfizer and Moderna, are actually mRNA instruction shots. They are actually telling your cells to make spike proteins. Now, you can keep calling them spike proteins all you want, but the spike proteins were identified to be what are called glycoproteins. Glycoproteins, by nature, all venom proteins are glycoproteins. French researchers in April of 2020 confirmed with genetic testing that the spike protein's gene sequence, every nucleic acid is perfectly identical to cobra toxin of king cobra venom and krait snake venom called Bungarotoxin. They said each of these are neurotoxins. Okay, great. So, we know snake venoms cause neurotoxicity. They also cause blood toxicity. They also cause what's called cytotoxicity. This means venoms will destroy all and any cells in the human body.

That includes red blood cells, muscle cells, nerve cells, spleen cells, liver cells, kidney cells, intestinal cells. This is what spike proteins and what venoms are designed to do. They're designed to create harm. What is really disgusting though is that for decades, they've been working out creating antiviral vaccines from venoms of all creatures around the world, and they are now instituting what they've been creating for decades. So, they are either injecting you with the spike proteins, which really are just spike glycoproteins identical to snake venoms and other venoms, or they're instructing your cells with the instruction called mRNA to make spike proteins. So, to explain this to you, if venom is bad for you, just imagine what venom in the body does.

It is identical to what these COVID-19 shots are doing. But if they're instructing your cells to make venom, small amounts of venom every day, you can see how there's going to be a long-term reaction in a whole lot of healthy people as their body makes more and more of these toxic spike proteins that are neurotoxic, blood toxic, and cell toxic. You're going to see every single disease process you can imagine, and I'm talking brain tumors like



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glioblastomas. I'm talking multiple sclerosis. I'm talking dementia leading to Alzheimer's, worsening Alzheimer's. I'm talking all mood disorders, schizophrenia, bipolarism, manic depression, depression, you name it, obsessive compulsive disorder. You're going to see massive amounts of all of this. You're also going to see seizures.

These are all published side effects of the COVID-19 spike proteins and the COVID-19 vaccine spike proteins. You'll also see other neurotoxic effects which are paralytic. Now, just so you know, venom's neurotoxins are only primarily designed to paralyze their prey. What was the first published side effect of the COVID-19 shots by the FDA before they even released them? In October of 2020, 2 months before they released the shots, they had a meeting, and they showed a screen that had 22 different diseases these shots were going to cause. The very first one was Guillain-Barre syndrome, which is paralyzed leg than a paralyzed arm, sometimes half of your faces. It looks like Bell's palsy.

But there have been tons of examples of people having parts of their body paralyzed either temporarily or permanently as a reaction to the COVID-19 shots. The neurotoxic effects of these spike proteins are identical to the venom peptides found in all venomous creatures. They are designed solely to actually cause harm and injury, but there's this weird, twisted idea in medicine and in pharmakeia that we can take poisons and toxins to treat an unhealthy person with to restore them back to health. Similar to someone with cancer, let's inject them with a really toxic substance called chemotherapy. Hopefully, it won't kill all of the good healthy cells at the same time we're killing the unhealthy cells, and maybe the patient can recover.

No, no, no. They're doing the same things with antiviral drug therapy right now. They've been mastering this for decades. They are convinced in the pharmaceutical world that venoms can actually bind to the same receptors of your cells that viruses do, ACE2 receptors, nicotine receptors, and they say, as long as we can get enough venom into the human body with vaccines or drugs made from venom, they are homologous. This is what it states in all the research studies. Snake venom components are homologous to viruses, meaning they have the same evolutionary origin or they are identical or so similar, you can't really tell them apart.

So, they believe if they can actually get venoms on the outside of your cells' receptors, then the viruses floating around introduced to your body can't bind to the cell to move in and infect your cell because venom's sitting there. The only twisted notion about that is venom was evolutionarily designed or created by God to do one thing, protect the snake and kill its prey so it can eat it. So, I have a ton of concerns about the impact of these. Oh, in fact, when you get to the receptors that venoms target, it explains every immune deficiency reaction you're seeing with COVID-19 vaccine injuries. You're seeing the destruction of alpha interferon, tumor necrotic factor, toll-like receptors, all of which help control cancer growth in your body.

Venoms target those and turn them off so you can't protect yourself from cancer spreading. Also, T-cells, which are our antibodies that fight infections, they have nicotinic acetylcholine receptors on every single one of them. Venom kills the T-cells by binding to those receptors, and we are seeing massive amounts of T-cell destruction and inability to fight future infections or current infections after the vaccines. One of the things that's really nefarious, in my opinion, is when I've discovered that not only did scientists around the world say the origins of COVID were from snake and snake venom, not only were they saying it, once I discovered that in Italy in June of 2020, they ran the blood, urine, and feces samples of all positive COVID-19 patients and negative COVID patients.



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They published their finding that they found 36 different animal venoms inside the blood and feces of all the COVID-19 patients, and they didn't find any venoms inside of the negative COVID-19 group, the control group. Inside of that study was listed 15 different venoms from these weird snails I'd never heard of in the ocean called cone snails. They're called conotoxins. Then they also identified several king cobra venom neurotoxins called alpha cobra toxin, which is exactly what they found was the spike protein in France and what they discovered in China in January of 2020, the 1st month of the pandemic.

So, when I figured out that they were isolating and finding these proteins from the venoms of cone snails, cobras, a whole bunch of snakes in COVID-19 patients, I wanted to know if they know that they can use venoms to cause illness that looks like a respiratory infection. What else are they doing with these venoms? I couldn't believe it, just last year in 2021- Sorry, it's now 2023, I know, but in 2021, there's a published study online I shared with Jonathan Otto and with Henry Ealy. I will be showing this to the whole world as we go along. They actually published that when they introduce into the human body alpha conotoxins and alpha cobra toxin, the same thing you're finding in COVID-19 patients.

When they introduce that into the human body injected inside of you, it crosses the blood-brain barrier, and when it does, the researchers were wanting to know, "What receptor sites in the brain do they target in a mammal?" It actually says that, in mammal cells. What they found was it specifically targets 1st what are called glial cells and astrocytes, which are in the basal ganglia of the base of your brain, the brainstem. Now I found this interesting. They target C6 glial cells, and what would happen is when the venom attached to those nicotine receptors, they're called alpha-7 nicotinic acetylcholine receptors in the glial part of the brain. When the venom hit those receptors and bound to them, they actually cause the glial part of the brain to lay down new neurons really, really quick.

They call that proliferation, and they actually timed it. They wanted to know after 24 hours, 48 hours, 72 hours, how quickly is the body replicating new neurons when we introduce venom into the glial part of the brain? They proved that within 72 hours, they could create a glioblastoma, a brain tumor with venoms. Then in the abstract and in the conclusion of the study, it had one sentence. It said, "When we administered less than 1 milligram for every 2.2 pounds of body weight of nicotine, it had 0 effect on the tumor or on the glial cell being proliferated." It didn't stop it. It didn't stop its growth. It didn't have any impact. That was the only statement.

Nicotine when administered at less than 1 milligram per kilogram body weight had no effect on the glial cells or the glioblastoma. Now, I kept seeing that. I was like, "Well, why are you saying that? What else did you try?" So, if you just read the summary and the conclusion, you would've never known that they actually used another dose of nicotine and tested it. If you read the study, the whole study was this, if we can create the tumor, what happens when we introduce nicotine at this dose and this dose? Let's publish the findings. When they used less than 1 milligram per kilogram of nicotine, there was 0 effect in the study. They actually even show pictures of the glioblastoma under electron microscope.

They show that when they went above 1 milligram per kilogram of body weight, the entire glioblastoma dissolved in less than 72 hours, the whole thing. What's amazing is they found what they were looking for. Does nicotine have an impact? Does it improve it even if we create it with venom? If we can create a brain tumor with it, will



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nicotine take it away at this dose or this dose? Why in the world did these authors of this study, why in the summary, at the very top of the study, which most medical doctors only look at, they want to know, well, what did the study find? Do I need to even go read it? Well, all they would've read was nicotine didn't have an effect. Well, the truth is it really did. They just didn't disclose which one, what the dose was in the summary or conclusion.

They didn't even state it had an effect that was positive, only the negative. So, I took those pictures. I downloaded that report. I cannot wait to share this with the masses. My concern is this. Over the last 20 years, there has been an exponential growth every year of glioblastoma tumors in the brain. Just published last year, they know how to make glioblastomas by introducing the same venom peptides they're finding in COVID-19 patients that were also found to be the spike protein of cobra toxin.

Now, they're publishing last year a study confirming they can take snail venoms found in COVID-19 patients, spike protein cobra toxin, and they can introduce that into the body through an injection and cause a glioblastoma and then publish that nicotine destroys it, but they didn't tell you that it did. You had to go inside the study to find it, and they have the pictures to prove it. To me, it is an outright obvious red flag that everyone should pay attention to that research studies and publication groups like PubMed, the New England Journal of Medicine, JAMA, the Lancet, they are all in cahoots to cover up natural remedies even when it's found in research studies to be so. They're not even going to allow you to publish that study on our site unless you take away that nicotine fixed it.

You can keep it in the body, but don't put it in the summary or the conclusions. Why? Because no one hardly reads the whole studies. I do. I love finding all the nuggets in studies. There's a reason why they set up these studies in the first place. I'd like to know what they're doing. So, can the COVID-19 shots that either have spike proteins in them, Johnson & Johnson, AstraZeneca, Novavax, cobra vax out of India- It's called Corbevax, but it's actually cobra vax. Those are actually spike proteins. They're just injecting them inside of you. The spike proteins were determined to be venoms and rabies virus. So, they're injecting you with things they know are neurotoxic, like rabies is, too. All right. So, they know they're injecting this inside of you.

The Pfizer and Moderna shots are instructing your body to make them so, absolutely, the neurotoxic effects are out of this world scary. What I found was, when the French researchers identified the spike proteins were venom peptides, they said these venom sequences, these little bitty fractions of venom proteins, they target nicotine acetylcholine receptors, and they begged the governments around the world to do nicotine studies as a preventative and cure for COVID because smokers aren't ending up in hospitals dying from COVID. They haven't this whole time. They're the least demographic represented worldwide 3 years later of being hospitalized or dying from COVID are smokers. They noticed right away nicotine must be providing the benefit.

Well, I just showed you in this study or this study I'm talking about and will present to the world, they know they can reverse glioblastomas that are created by venoms, a neurological tumor using nicotine. They can make it be destroyed. This is the principle behind the nicotine part of this therapy. If people are injured, have long hauler COVID symptoms, it's because these spike proteins, these little fragments of synthetic venoms are bound to nicotine receptors 100% of the time. Your symptoms are 100% caused by venom peptides or glycoprotein, spike proteins, bound to nicotine receptors. When you take nicotine, God designed the body at these nicotine receptors to have the highest affinity to grab nicotine and let go of anything else.



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So, a venom is there, a poison's there, a heavy metal's there. It doesn't matter. The body grabs nicotine and let goes of the venom, and then the nerve works again. So, your sensations of hearing, taste, and smell that a lot of people lost, hair loss, brain fog, a lot of that stuff is restored simply by putting nicotine into the body, and then the venom gets let go of those receptors or cells, and then the humans themselves have to do something to detoxify or denature the venom floating around in their body now. It's freely floating around.

If that venom, for example, is going around your bloodstream now because you've took nicotine, bound that to receptors, if the venom happens to be circulating through your blood and gets into your pancreas where B cells are, B cells are completely covered with alpha-7 nicotinic acetylcholine receptors. If the venom hits it, you're going to start having the inability to control blood sugar. Eventually, you'd be diagnosed as a diabetic. I mean this is exactly what venoms do. Whatever organ they get into, whatever tissue they target, they're going to injure it and cause harm, and then the symptom will be related to what organ it's bound to. So, the key is use nicotine to get it off.

Then there are principles, nutrients you should put in the body that are proven to detoxify and break down spike proteins or venoms. You can call them whatever you want. They're venom peptides. That's what they are, and that's okay, you can call them whatever you want, but to detoxify venom, you better go figure out what the research and pharmaceutical companies know, and do it. There's a few published inhibitors, detoxifiers, and denatures of venoms, and we should tell you what those are. For anybody trying nicotine and you have long hauler COVID symptoms, you need to take, I would suggest, small amounts of nicotine at first, starting with 2 milligrams a day. The body will start letting go of venoms. Wherever those venoms go, you're going to have symptoms.

So, at the same time, you want to be taking things to detoxify the venom floating around. Venom can live in the body for 10 years. Even after you've been bitten by a snake and been treated, the venom can still be identified in your body 10 years later. Well, if you take certain nutrients, you can destroy them and get them out. So, this is what I recommend from research. Spike proteins, glycoproteins, venom peptides, all the same thing, all of them can be denatured, detoxified using these things, and it's published by them. Vitamin C is a natural inhibitor of venoms. *Mucuna pruriens* is an herbal extract, a liquid from the velvet bean plant. It naturally inhibits the spike protein venoms of krait venom called Bungarotoxin and cobra toxin. That's been published since 1970s.

GLYCYRRHIZINIC ACID

That plant can inhibit it. Also, licorice root, inside of licorice root is a compound called glycyrrhizinic acid. Glycyrrhizinic acid out of licorice root is a published antidote to snake bites and snake venom and to spike proteins, which are venom peptides. So, that's another one.

N-acetyl cysteine is another published inhibitor detoxifier of venoms and venom components, even the venom components that are disclosed to be inside of the researcher's research papers to do mRNA gene editing therapy vaccines, the people who created these shots. They use snake venom to do it. So, those components are actually detoxified by glutathione, NAC, Vitamin C, EDTA.



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A heavy metal chelator is an actual complete inhibitor published to destroy venom in the human body and in all mammals, EDTA. So, as you're taking nicotine to get the venom off your cells, you need to be taking something to detoxify it. A good list of these, glutathione, NAC, Vitamin C, EDTA, glycyrrhizic acid from licorice root. Commercially around the world, they detoxify all venoms. Before they inject it into a human as an antiviral vaccine, which they're already doing, they published that in order to detoxify the venom, before they'd inject it inside you because they say if they injected into you directly, it'll kill you. So, they have to detoxify it. They say their favorite way to do it is using hydrogen peroxide.

LOBELIA

Lobelia, scientifically known as *Lobelia inflata*, is a flowering herbaceous plant that belongs to the family Campanulaceae. It is native to North America and is commonly found in meadows, fields, and open woodland areas.

In terms of its uses, Lobelia has been historically employed in traditional medicine for various purposes. Native American tribes utilized different parts of the plant to address respiratory issues, such as asthma, bronchitis, and coughs. The plant contains alkaloids, including lobeline, which is believed to have bronchodilator and expectorant properties, helping to alleviate respiratory congestion and promote easier breathing.

Due to its potential medicinal effects, Lobelia has also been used in herbal smoking blends and tobacco substitutes.

This is a natural alternative to Nicotine that people are also using to find relief from post-COVID symptoms.

Dr. Henry Ealy

Jonathan Otto: There's other supplements you can look up, for example, like different herbal blends that people have put together. I think some of them include...

Dr. Henry Ealy: Lobelia.

Bacopa, I could see. I would say I would see probably somebody probably using more of a couple drops of lobelia...

Lobelia is something that opens up the lungs and you only need a couple drops of it, it's very, very potent. It actually is one of the few herbs that does have a toxicity profile to it, that's why you only take a couple drops of it, but it's something that we use especially in asthmatic cases where a person needs to open up the lungs a little bit faster. You can drop a couple drops of lobelia tincture on the tongue. And what ends up happening is the respiratory tree opens up usually within seconds.

Jonathan Otto: Got it. Yep, it's a flower, kind of referred to as asthma weed, bladderpod. Yep, very good. And Indian tobacco, there you go.



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Dr. Henry Ealy: That's it.

Jonathan Otto: There you go. So lobelia, L-O-B-E-L-I-A, lobelia.

Dr. Edward Group

So we've been working really hard since 2020 to be able to come up with solutions. You always have to find out the root cause, find out what they're doing, and then you work backwards and figure out, okay, how do we block that? How do we eliminate that? How do we chelate that? How do we keep that from working? How do we fix all that stuff within the system? That's why not only that I'm recommending urotherapy, but I'm recommending the supercharged C60, I'm recommending the iodine, I'm recommending the Vitamin D, I'm recommending the zinc. And what I love about the nicotine is tobacco plant has never been a toxic plant. It's actually one of the most powerful medicinal plants. Even in history, they would find tobacco and cannabis and honey in the tombs.

Those 3 were the ones that they found the most. So tobacco never became toxic until they knew how powerful it was until they created the addictive state and sprayed it with over 650 cancer-causing chemicals and toxins. If you're going to use it, I think lobelia is a really good natural herb that you can use and you can make tea out of, which is Indian tobacco, which actually does have the nicotine, but it also has the full spectrum of all the other phytonutrients and plant compounds in it. Like what you said, soaking your feet in tobacco tea. That's great. Making a tea out of it. Some people are using the patches.

IGF-1

IGF-1 stands for Insulin-like Growth Factor 1. It is a hormone that plays a crucial role in growth and development in humans and other animals.

IGF-1 is produced in various tissues throughout the body, primarily in the liver, and its production is stimulated by growth hormone (GH) released by the pituitary gland.

It is structurally similar to insulin and exerts its effects by binding to IGF receptors present on the surface of cells. Once bound, IGF-1 promotes cell growth, proliferation, and differentiation in many tissues, including bones, muscles, and organs. It is particularly important during childhood and adolescence when it helps regulate overall growth and development.

Christopher Key

"This product right here will blow your mind. Anybody out there that knows anything about anti-aging, anybody talks to any of the anti-aging doctors out in the country, they will tell you, if you want to stay young, if you want to slow down the aging process, if you want to keep your mojo, you want to do what's called synthetic HGH. But the average person, like myself, can't afford it. It's \$4,000 a month, it's synthetic, and you have to inject it into your subcutaneous fat. When you do that, your liver transfers it to what's called IGF-1, insulin-like growth factor. That's what does everything.



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Dr. Rick Lentini has two deer farms in New Zealand. His deer, their antlers are literally the fastest growing substance on planet Earth. They literally grow an inch a day. One inch a day they grow. Why they grow so fast? Because the high concentration of IGF-1 is in the tip of the antlers. We've been able to freeze dry that out, put it in a lipo delivery system that Dr. Lentini's scientists invented and has the patent that will give your body 98% absorption. 98% absorption. This is unheard of in the supplement industry.

But more importantly, Dr. Rick Lentini has the clinical randomized double-blind placebo studies to prove that if you do the 100,000 nanograms, it increases your IGF-1 levels by 20%. If you do the 200, it increases it by 40%. If you do the 300,000, which is what me, Jonathan Otto, Mike Adams, Stew Peters all do, it increases your IGF-1 levels by 60%. 60%. Unheard of. This is the icing on the cake.

We used to do this with our food, but our food is all dead food now, and this is the next best thing. And until we fix the soil, which we have another project we're doing, working with Dr. Zach Bush and no-till, no-spray, re-gen, re-ag, by 2035, we believe we'll have the soil back to where my goal is to never have to sell another product ever again because thy food is thy medicine. Thy medicine is thy food. When we get the soil fixed, you won't need to take these supplements. But until that happens, this is the next best thing.

I want to tell a quick story on how deer antler velvet made it to America. Dr. Rick Lentini, 24 years ago, his nephew was diagnosed with ALS, and his nephew was sent home to die. Dr. Rick Lentini did not want to accept this, so Dr. Rick Lentini began to do research. And through his research, he found a book by Dr. Duarte that talked about IGF-1 and talked about how amazing IGF-1 was in deer antler velvet. So he called Dr. Duarte in Hawaii, flew him to America, and then began to go over all the research that Dr. Duarte had done, telling him about how amazing IGF-1 in deer antler velvet was.

So Dr. Rick Lentini decided, because Dr. Duarte said the best deer antler velvet was in New Zealand, so they got on a plane, flew to New Zealand, got with the New Zealand government, got the deer antler velvet, brought it back to America, and under a doctor's supervision, they injected the deer antler velvet intravenously into his nephew's arm. Under medical supervision. Nobody out there should ever do this. This was under medical supervision. And instantly, his nephew, that was sent home to die, was having amazing, amazing changes. Amazing changes. Began to live another 15 years.

And he told Dr. Lentini, "You have to take this to the market. You have to bring this to the masses." And Dr. Rick Lentini was like, "I'm not a supplements salesman. I don't know anything about deer antler velvet." And his nephew said, "Brother, this has helped me so tremendously. Please promise me that you'll take this to the market."

So Dr. Rick Lentini has spent his life getting this product to the market. He got with that scientist, I told you earlier, that came up with the lipo delivery system that he was able to patent that gives the body 98% absorption so you don't have to inject it into your veins. You spray it under your tongue, you hold for 30 seconds, and then your body gets 98% absorption. This is what Dr. Rick Lentini was able to do.



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IVERMECTIN

Ivermectin is one of the repurposed medicines that was totally demonized by the global government and the media, and yet, it has proven to be a life-saving treatment for both COVID and long-Haul as well as for post-vaxx injuries.

Many of our experts recommend Ivermectin, including Dr. Bryan Ardis, Dr. Edward Group, Dr. Syed Haider, Dr. Pierre Kory, Dr. McCullough and others.

Dr. Pierre Kory

In allopathic medicine, which is the health system that I came out of in my training, it's a very curated, very narrow set of therapeutics that you're exposed to and taught about. Since I've left that system, and since I've been facing off with, again, my specialty at this point is treating the COVID-19 vaccine injury syndromes and long-haul syndromes, and they're wickedly complex. And I will say, although traditional pharmaceuticals have some role, I'm getting a lot, I'm almost going through another training in a circumstance. I'm learning and reading about all sorts of therapies and approaches and nutraceuticals that you're not taught. Dietary changes, diet modifications that I have to employ because a one-pill-for-every-problem approach does not work in this disease, number one. And again, I'm being now exposed and open-minded to many, many time-tested approaches that clinicians have been using in the treatment of chronic illnesses. And so, my approach, although it's unique to me, and if you look at the FLCCC, although we call it a protocol, it's not really a protocol. There's too many things on there to use. You cannot use 50 different approaches. It's more like suggested things that have good mechanisms and have shown some efficacy. What I've found in my journey now--I've been in practice for 15 months--what I was doing in the beginning, is different than I'm doing now. And I would say it changes every couple of months. I'll de-emphasize a certain approach and emphasize another one. I will say though, my mainstay, and this is mine, there's many different which ways of approaching this, and it's all gonna come out of our training, our sensibility and how open-minded we are to therapies.

But I still find that the most effective therapy, oddly or not so oddly, is ivermectin. I use a lot of ivermectin. I would say 70% of my patients have at least a modest and oftentimes large response to it. And it unfortunately becomes a daily chronic medicine. What is good about that is there's no harms to it, I've been using it for the long term. If anything, I see benefits. I think it's actually, if you almost argue, it's good for your health to be for acting, which sounds a little bit of a crazy statement. But I've got a lot of responses for that, as well as low-dose naltrexone. Again, that's not the traditional naltrexone. We use it at very low-doses as really important immunomodulatory effects. But then, I'm also using a lot of nutraceuticals and natural therapies.

I use something called a shilajit which is a glutamate antagonist. I'm using photodynamic therapies, so methylene blue and near infrared light, hyperbaric oxygen, and others. I use quercetin and ketotifen to work on mast cell strategies. This syndrome that I'm sort of specializing in, it has about six different mechanisms, pathophysiologic mechanisms. And so, we try to direct our therapies that kind of controlling or reversing those. And there's a lot of options. Some things work better than others. I might have a preference for one approach where someone else has it different. So I'm not saying my approach is the only one. All I'll say is mine is mine for now. And it's constantly



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evolving. I'm always looking for new and better approaches to treatment. And as I learn, and as my experience grows, I will say it's gonna become even more effective. And as always, an emphasis on safety.

Jonathan Otto: That's amazing. I'm impressed to see some of these modalities come together. Methylene blue, shilajit which is high in fulvic acid. Correct?

Dr. Pierre Kory: Yep.

Jonathan Otto: And so, I'd been urging different doctors I'm friends with to really investigate fulvic because I've seen it work so well at helping people to recover from chronic disease. Perhaps it's the oxygenation of the body or the mineral density, the way it can work. It's a chelator potentially, or certainly detoxifier. What do you see is the power of shilajit? What are you observing?

Well, we were using two approaches, and some of the sicker ones we're actually using a pharmaceutical which is called namenda, which actually was developed for dementia. It doesn't work very well with dementia, but it is a very good glutamate antagonist. And we're seeing a lot of neuroexcitability and seems to have a controlled neuroinflammation a bit.

So we're seeing a lot of the brain fog improved, and I even see more systemic impacts like increases in energy. People feel like they can do more. And so, it's having impacts on multiple organ systems, which I wouldn't think that it would. But I would say that's similar with other things. Like I have, again, everything is an inconsistent response. So like, I can use it in 10 people, it'll work great in 3 or 4, even though they kind of present similarly and they have the same symptoms. And that's what's so humbling about this disease is every time I think I know it's gonna work for someone, sometimes right and sometimes wrong. What I like is that I start low, I go slow, obviously if there's an adverse effect or doesn't have impact. I remove it.

I don't try it. But even a medicine, for instance, like ivermectin, the first symptoms respond to different people. And again, I see people with the kind of seeing distribution of symptoms, and then when I give them ivermectin, one will tell me that their vertical really improved, and the other one says their energy improved or the neuropathic symptoms improved. And so like I said, it's humbling. It's really hard to know exactly always what to do on any individual patient. So my approach is really trials with therapy. And I try to separate those trials out by time. I don't like throwing people on 15 supplements. I try to employ specific strategies, give them enough time where I think that the clinical response should be recognized, and then I move on to another. And so, one of the recent one where I had a dramatic response, and this is a little bit granular, but I started using something called Zeta Aid Crystals, which are food-based potassium salts that are negatively charged, and they're meant to counteract the positive charge of the spike protein and what it's doing to cells, and it's causing cellular, aggregation in the blood. And I've had a dramatic response from a very severe chronically ill patient who actually had made many improvements over the last year with multiple strategies of mine, but she was still fairly debilitated and had deficits. And she turned around with three days of starting these food-based potassium soils. Has good mechanisms, I've been hearing a little bit more about zeolite and some chelation therapies, which I haven't really been doing a lot as part of my strategy, but like I said, I'm constantly learning and trying to, willing to employ safe, effective approaches.

TREATMENTS FOR MYOCARDITIS

Coenzyme Q10

CoQ10, a naturally occurring substance in the body, is primarily found in the heart, liver, kidney, and pancreas, with the highest concentrations.

One of its main functions is to aid in cellular energy production by synthesizing adenosine triphosphate (ATP), which plays a vital role in transferring energy within cells.

Additionally, CoQ10 serves as an antioxidant, safeguarding cells against oxidative damage.

Oxidative damage, caused by excessive free radicals, can disrupt normal cellular processes and contribute to various health conditions.

Considering that ATP is essential for all bodily functions and oxidative damage can be detrimental to cells, it is not surprising that low CoQ10 levels have been linked to certain chronic diseases.

As individuals age, CoQ10 production naturally decreases, making older people more susceptible to deficiency in this compound.

Dr. Daniel Nuzum

Adaptation leads to transformation. Once we get past the detox component, our body's ability to adapt starts to come back online. At that point, if we want to transform, we have to support that adaptive ability of our body. We have to enable it to do what it's designed to do. So, fortification. Fortification is where we start taking larger doses of nutrients. We make sure we're getting broader amounts of nutrients. We expand our diet, we don't retract our diet. We start adding more and more things into our diets. We're getting more types of nutrients, broader spectrum of nutrients. That's how we fortify our systems. Adaptogens, things like medicinal mushrooms, holy basil, Ashwagandha, these are all fantastic adaptogens. Rhodiola, cordyceps mushrooms, some of my favorites there.

Those are the types of things that we would move into at that point. Co-factors like Co-enzyme Q10, using combinations of things. PQQ and Co-enzyme Q10 and NAC, and these types of things for enhancing cellular health, getting your health and your mitochondria working again. This is at the fortification point, is where I introduce probiotics.

Nitric Oxide

A molecule that plays a crucial role in various physiological processes within the body. It is a colorless, odorless gas that is naturally produced by the body as a signaling molecule.

Nitric oxide is involved in numerous cellular functions and acts as a messenger between cells.



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Health Benefits of Nitric Oxide

Cardiovascular health: Nitric oxide is a potent vasodilator, meaning it helps relax and widen blood vessels, improving blood flow and reducing blood pressure. By promoting healthy blood circulation, nitric oxide may contribute to cardiovascular health and help reduce the risk of conditions such as hypertension (high blood pressure) and atherosclerosis (hardening of the arteries).

Stanford Graham & John Hewlett

John Hewlett: Well, nitric oxide, essentially, Jonathan, was first brought to the forefront in the '80s, in the 1980s, and then about the mid-'90s, they figured out that it was called an endothelial relaxation factor. And then when the scientists, the three scientists, Furchgott, Murad, and Ignarro, were awarded the Nobel Prize in 1998, they had taken the research and they'd determined that this endothelial relaxant was actually a gas.

Then later, Jonathan Stamler from Case Western University, one of the great researchers, determined that nitric oxide was the third essential gas in the body to help the body regulate all of the bodily functions. So you have carbon dioxide, oxygen, oxygen is the winner of most, and then nitric oxide. So nitric oxide was initially viewed as being a problem or something that was bad, but it was the research that occurred from about the mid-'90s to the end of that century that they realized that nitric oxide was actually good and that it actually was the body's greatest anti-inflammatory. It was also the regulator or the traffic cop, essentially it's the air traffic controller of all bodily functions.

So in the last 25 years, there's approaching 200,000 studies on the benefits of nitric oxide. Well, most people think of nitrous oxide, which is laughing gas that you get when you go to the dentist, but nitric oxide is different than that. Essentially they've learned that it is, they even called it at the University of Florida, the spark of life in the cell. They've now attached it to its essential nature. It's- has the spark of life. Well, that's an amazing- that's a long ways from being a noxious gas to becoming the spark of life in the cell and even called the miracle molecule. The thing that's interesting, is its impact is so profound that I believe that our medical system has tried to ignore it as much as possible because its results are so beneficial that it eliminates many, many, many needs for certain types of pharmaceutical solutions. So ironically, in the last two years, nitric oxide got a little bit of a boost through the pandemic situation because there were pharmaceutical companies falling all over themselves trying to get inducible or essentially like a CPAP or a gas that you put on to help force nitric oxide into the system because some of the studies were showing that nitric oxide was having a dramatic impact on the pathogen that was being exposed out there.

So it's gone through it, but primarily the best PR for nitric oxide has been beets and super beets and the people who've advertised the fact that spinach, kale, beets, et cetera, is a way that you can consume vegetables, fruits, noni fruit, super fruit, that creates and stimulates the body to do nitric oxide. The Nobel Prize, however, was primarily based upon that the amino acid arginine is the thing that stimulates nitric oxide. So when you ingest arginine, or citrulline, or ornithine, or carnitine, those amino acids, that stimulates the body's endothelial cells to express nitric oxide.



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So as supplements came on the scene, first people just took handfuls of arginine, and so they spiked their nitric oxide, they relaxed their arteries. The bodybuilders were all excited about it. They didn't realize that it was creating essentially a free radical called peroxynitrite. And they were doing damage to these finite small cells at the same time they were getting this great blood flow and pump. So it's been an evolution of the last 25 years, is how you can increase the nitric oxide safely and be able to also utilize its mega anti-inflammatory abilities? And as you know from your years of study, that inflammation is at the basis of most chronic illness.

So this is what our mission has been the last couple of years, is to bring the safe delivery of long, extended therapeutic nitric oxide to the forefront of the public square, instead of just taking some arginine capsules that end up spiking it and then having free radical damage, or having to eat 3 or 4 bushels of beets in order to get 24-hour nitric oxide expression.

So that's where nitric oxide is now becoming readily public, sort of like Vitamin D's entrance to the world after Dr. Mercola talked about it with Dr. Oz and kind of introduced it. Now Vitamin D is widely accepted. Our mission is to help people understand that safe nitric oxide with Vitamin D3 is an amazing one-two punch in helping the body support its immune system, fight chronic inflammation, and to help motivate and deliver blood and nutrition to all the cells.

Jonathan Otto: Awesome. Awesome. What would you say are the big benefits, for example, if people are taking substances that are increasing nitric oxide production in the body, what are the benefits you've seen people get from doing that?

Stanford Graham: I would say one of the biggest benefits that people would be able to understand over the last few years, Jonathan, is a reduction in chronic inflammation, really because of stress. Psychological stress increases an enzyme called arginase that actually consumes arginine. And arginine is, as John identified, a primary amino acid that the body needs to produce nitric oxide.

And so, stress actually prohibits, inhibits the body's ability to produce nitric oxide. When we say that, you can't take a nitric oxide pill, nitric oxide is a gas, your body needs to produce it. As John has shared with us, it's produced by this monolayer, this single cell monolayer covering inside of all of our blood vasculature, in our lymph vasculature. When those cells, individually they're called endothelial cells, collectively they're called the endothelium, which would take up about six tennis courts of space if you laid that all out flat, that's the kind of surface area your endothelium has, it's the largest organ in your endocrine system. When that endothelium as an organ is healthy and producing nitric oxide, as John has expressed, one of the primary things that it does is it reduces inflammatory macrophages that are being released by your body, your body's immune system, which is when you're stressed, it's hyperactive. It's reducing things like interleukin 1 and 6, TGF-beta, these that create the cytokine storms. People have even learned that term over the last few years. These cytokine storms that throw our bodies into a redox imbalance.

The foundation of those problems is the inability of the body to produce nitric oxide. So one of the chief benefits of nitric oxide is giving your body the fuel it needs in appropriate amounts to produce long-term bioavailable



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nitric oxide, is to actually reduce these massive inflammatory macrophages of interleukins and TGF-beta, TNF. That of course, we could even go further and say those macrophages create a production of a molecule called caveoline-1, which inhibits autophagy. So your body, when you're stressed out, inflammation goes high, your cells can't even clean themselves out. That process of autophagy, of the cell cleaning itself out, that can't happen. So one of the other major benefits we've learned as a function of research that John has funded via Cardio Miracle, is that long-term production nitric oxide upregulates autophagy, which is the holy grail of fasting.

So there are some astounding, just really remarkable benefits by having your body's endothelial system, that organ continually producing nitric oxide on a long-term basis. So you get the significant biological improvements.

Strophanthus

Strophanthus is a genus of flowering plants in the family Apocynaceae. It is native to tropical regions of Africa, including countries such as Nigeria, Cameroon, and Angola. The plants in this genus are known for their medicinal properties and have been used in traditional African medicine for various purposes.

One species of Strophanthus, *Strophanthus gratus*, is particularly notable for its medicinal uses. It is commonly referred to as the "poison arrow plant" or "ouabain plant" due to the presence of ouabain, a powerful cardiac glycoside, in its seeds. Ouabain has been used traditionally as an arrow poison and has also been used in Western medicine as a cardiac stimulant.

Health Benefits of Strophanthus

Cardiovascular Health: Strophanthus plants contain ouabain, a cardiac glycoside that has been studied for its potential positive effects on the cardiovascular system.

Ouabain has been traditionally used as a cardiac stimulant and may help improve heart function by strengthening the force of heart contractions. However, further research is needed to establish its safety and efficacy.

Traditional Medicine Uses: In traditional African medicine, strophanthus has been used for various purposes, including treating conditions like hypertension, heart failure, and snakebites.

Analgesic and Anti-inflammatory Properties: Some studies suggest that certain compounds found in strophanthus plants may have analgesic (pain-relieving) and anti-inflammatory effects.

Dr Dietrich Klinghardt

"Well, of course, the treatment for myocarditis, we have a number of tools. There's an herb called strophanthus, which is the strongest healer of the myocardium. It's an African herb that is available in the US. There's other one, hawthorn. So there is the herbal component of it, and there is the vitamin component where you use all the mitochondrial supportive things, the carnitines, and the B vitamins, and the folates, and the CoQ10, the PQQ. You can put a cocktail together for the immediate needs for the mitochondria and the heart."

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Hawthorn

Refers to several species of thorny shrubs or small trees belonging to the genus *Crataegus*, which is part of the Rosaceae family. These plants are native to temperate regions of the Northern Hemisphere, including North America, Europe, and Asia.

Hawthorn plants are known for their clusters of small, fragrant flowers and bright red berries, which are often used in herbal medicine.

Health Benefits of Hawthorn

Cardiovascular health: Hawthorn is commonly used to support heart health. It is believed to help dilate blood vessels, improve blood flow, and enhance cardiac function.

Some studies show that hawthorn may have a positive impact on reducing symptoms of congestive heart failure, such as shortness of breath and fatigue.

Blood pressure regulation: Hawthorn has been studied for its potential to help regulate blood pressure.

Studies show that hawthorn extract may have a modest hypotensive effect, helping to lower high blood pressure levels.

Antioxidant activity: Hawthorn contains antioxidant compounds, such as flavonoids and OPCs, which help combat oxidative stress and reduce damage caused by free radicals in the body.

Dr. Cathleen Gerenger

“Hawthorn is a plant that is used for traditional medicine for centuries. It has many potential health benefits. For example, heart health. It’s well-known to improve by dilating your blood vessels and increase the circulation throughout your whole body.

Digestive health. It helps to improve digestion by reducing the symptoms of gas or bloating. It actually helps to reduce anxiety. How? It vasodilates your blood vessels. What that means is that it allows your heart to actually pump up the blood into the brain and really just calm your nervous system down. It has antioxidant properties. Hawthorn is an antioxidant that actually really helps to protect your body from diseases such as cancer or illnesses such as an autoimmune disease.

Immune system support. This plant actually helps to boost your immune system and reduce the risk of infections.





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HEALING USING UROTHERAPY

Urotherapy, also known as urine therapy or uropathy, refers to the use of urine for therapeutic purposes. It involves the internal or external application of urine as a potential treatment for various health conditions.

Dr Edward Group has asked many questions and challenged many COVID-19 recommendations, such as,

“So my research has been done for the last few years. I’m a person that always believes that there’s a solution for every situation. And so as I was part of the COVID Task Force team under President Trump, we had all kinds of different reports coming from all over the world on different things you can take to block or to slow down the spike protein or potentially kill or deactivate all of these things that are being noticed that are inside of our systems.

However, there was 1 thing that still was not being addressed. If you have mRNA technology, which is messenger RNA, it sends a message to your DNA and could potentially recode your DNA or alter or change your DNA. So we now know that anyone who’s received this poison can keep their body clean and healthy by taking Supercharged C60, quercetin, zinc, iodine, Vitamin D, Vitamin C, N-Acetyl Cysteine.

There’s lots of things that you can do to kind of keep that at bay. But the real question is, what if I stop doing that? How do you repair the damage or the changes that took place to the actual DNA?”

And this is where he has come to the conclusion that Urotherapy has a substantial impact on COVID-19 and post-Vaxx injury recovery,

“All of this is new to every single one of us, and all we can do is just kind of continue giving people hope, continually letting them know to cleanse and detoxify their bodies. Regardless of what the media’s going to say out there, the urotherapy will counteract practically anything.”

Study shows how stem cell proliferate in Urine

Jonathan Otto: Okay, so what if you were less at risk or less at the prey of these companies than you thought? What if you have far more power than you ever could imagine? So, I’m sure that they we’re living at a time when you’ve never felt more a threat or vulnerable, biological weapons being engineered and being forced into you to keep jobs and all these kinds of things, the spike protein shedding that means that we can’t escape this if that in fact is true, which I do believe is true.

So now, what exists for us to help ourselves when we come against incredible challenges where it’s disabling our bodies. You know the symptoms. Everyone here knows about the Vaccine Adverse Event Reporting System, all the injuries that are being reported. So now, looking into regenerative therapies becomes more and more important. How does the body regenerate? Well, does anyone know of stem cell therapy?



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Has anyone heard of stem cell therapy? Anyone? And did you know that with stem cell therapy, stem cells have proven that they can regrow limbs in animals? For example, this article here, which you can find from the Frontiers in Cell and Developmental Biology, this is published this year. It was through the Wake Forest Institute of Regenerative Medicine. They identified 140 clonal stem cells in an unexpected source that is coming out of you every day, and that happens to be urine. Okay, that's interesting. Now, what's interesting about that is because here to the left, you could see stem cells have been used to regrow limbs in animals, to regrow a limb in an animal. So, if it could regrow a limb, then could a stem cell then form any tissue in the body? Well, yes, if it was a pluripotent stem cell. The answer is yes.

And here in a 24-hour urine sample collected, this actually came from a grant partially through the NIH, so they were using NIH money to conduct this study. It's completely legitimate. They observed these stem cells. Over a three week period, they went from 140 clone stem cells to over 100 million in 3 weeks. These were pluripotent stem cells. What was interesting about these stem cells is that unlike other stem cells, these stem cells could not form cancerous tumors. They had no ability to. They could not form teratomas, which are false cells of hair and teeth. And in fact, they concluded that the telomerase activity of urine derived stem cells was there. They could actually lengthen a telomere. Telomere is the repetition of DNA on the end of a chromosome that protects you from disease and degeneration of your body, accelerated aging. And if you can induce telomerase, the lengthening of your telomere, you can reverse aging. And it makes sense because connected to stem cells, stem cells can regenerate tissue in the body. Okay, so next slide. Here, in 2012, nature.com published this study.

When these urine derived stem cells were put into the brains of mice, they were able to find that they did form neurological cells. They were able to take on these forms. Same studies were done with cardiomyocytes. Could urine-derived stem cells form into heart stem cell, heart cells? Yes, they could, which was amazing. But in this case, what was interesting here, again, they found that they did not form tumors because urine is plasma ultra filtrate. It is your blood filtered. Studies have shown urine itself being more purified than distilled water. And why are you hearing this from me now when Porta John is extracting urine from urinals, selling this to big pharma as anti-cancer drugs. Urokinase, anyone heard of that? Okay, that's a mega transaction, half a billion dollars a year through Porta John Enzymes of America. Urokinase is the clot-busting drug, very interesting to know that it comes from the human body.

It was first discovered by [inaudible] and McFarland in 1947. And here you see that when the rats were examined, they saw the cells had taken on the shape and molecular markers of neurons. And what was interesting is that this actually was... This happened in half the time it was expected. Look up the top. They resembled pluripotent stem cells after only 12 days, about half the time usually required to produce IPS-- induced pluripotent stem cells. Okay, so very interesting, very important. Next slide. This is- Here's the study you can see it published here. Each of the different groups, you could- It's obviously in the fine print, but whichever age group you are in, whether you are from the older or younger group, you were still producing a high amount of stem cells in your urine. And so, this next slide is interesting because this is a friend of mine that I had for years, been trying to help three years, one of my best friends, he had this skin condition, which was really hard to work out.



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And after this research, I just said, look, this is one of the most practiced medicines. It goes back 5,000 years. The Egyptians did it. Who else did it? The Romans, Jewish. You can see it's has a huge and long history in China, Ayurvedic medicine. There's urine therapy centers all over India, Taiwan, Japan. You just keep listing the cultures that have been doing this. Now, we got taught from childhood that this is the most disgusting substance on the planet, but why does it have not only stem cells but stem cells that can't form tumorous cells? And then here, this was only about 2 months ago when I just said, look, consider the information. He did what is referred to as either urotherapy or urine therapy. The picture on the left, I'd sent this around to doctors to try to work out what is this condition. We couldn't even exactly know what exactly was causing this. But after a couple of weeks of doing urine therapy, you can see the picture there, and his skin is actually a lot better. I just texted him, say, "Can you show me the latest one?"

So, I just wanted to give you a little bit of hope right now that, yeah, the Bible says things like, "No weapon formed against thee shall prosper." What if your own body is producing antidotes to the problems that we face all the time? And our body is so powerful when you see autophagocytosis, which is induced when you are fasting. And when people are fasting or using their own urine, they're able to activate this deep healing processes is harnessing stem cell therapy, trusting the power of your own body. So, I just wanted to leave you with that. And what's interesting about that as well is if you want to think about, "Well, when did that ever happen in my life? Have I ever taken urine? Research what amniotic fluid is, which you were born in, which you lived in, and find out that it's fluid that is coming from your own body, which is also known as urine, about 90 to 95% urine.

Very interesting. People, I just want you to know that you have power, that you do not need to live in fear, that you can research and power yourself books on this subject, like Martha Christy's *Your Own Perfect Medicine*, are out there, you can use these tools to harness your health, to go the direction you want to go, regardless of what is being thrown at you today. But just do the research, look into it and change your life. Thanks so much.

How Gloria Sharlein Reversed Severe Post-Vaxx Injury with Urotherapy

Jonathan Otto: Gloria Sharlein, it is a pleasure to be with you. We just are meeting here first thing in the morning. We're in different parts of the world. You're on the West Coast, I'm on the East Coast. And it's an early morning for you. And I'm just so appreciative that you're taking the time to go through your story and share this with the world, what you've experienced, what you've gone through. Both the tragedy of what happened to you and the result, how you are doing now is nothing short of remarkable. And I want the world to know this, not only for the protocols and what they do, but to see also the resolve that it takes.

There's something you tapped into that gave you the result that you've achieved. And I want people to have that. I want people to listen to that and not just listen to the words you're saying, but to feel what you're feeling. To take that transfer of energy, that frequency, that love that comes when somebody does something that is huge. And that is a breakthrough where you literally changed your life and you did that. You took the steps, and your life is dramatically different, and it's beautiful. And this is what we wanted to share with the person watching, 'cause they want to achieve this too. And I want you to show how you did that. So again, thank you so much for being here, Gloria.



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Gloria Sharlein: You're welcome, Jonathan. Thank you so much for having me. It's always a pleasure to meet with you, and I'm really excited too. I'm hitting points now in my healing that I haven't hit at all since I took the jab. And I'm so excited to share with everyone, and I just pray that everybody else can heal like I can.

Jonathan Otto: I know you really mean that because as you've been healing, you've continued to be talking about everyone else, all your other friends that I know. I obviously don't know all your friends but all the ones that I do know of your friends that are suffering, you continue to just talk about them and how they can recover and how your story can inspire them, and how can you get through to them. And these are the types of things that we are frequently talking about, so it's true. So now Gloria, tell me about what happened to you first, and we'll talk about what happened to you in a good way. So what was the tragedy? How bad really was it?

Gloria Sharlein: It was really bad. Within hours of my second Pfizer jab, June 2021, I had an induced menstrual cycle and heart palpitations and high blood pressure. And none of these things ever happened to me before in my life. So I know that it was directly from receiving that Pfizer jab. And I'm not talking about just like a regular menstrual cycle. It was heavy. It lasted 8 days. It was heavy the whole time. It was really painful. And then, about a month and a half, two months-ish go by and I started having double menstrual cycles every month. And then, I was hurting even when I wasn't on at my period, but I'm talking about that I was on my period for like 16-plus days a month. It was tremendously painful. It was the worst thing that's ever happened to me.

And then, the heart palpitations and the concern about my heart was absolutely horrifying. Because people say your heart can't heal and it makes you really feel how many years off of my life have been taken from me. And with all these things continuing, it continued for 7 months. At that point, seven months of that, I really felt like I was dying. And maybe 5, 10 years, but how long can my body go with those things happening? And it was tremendously scary. It was the worst thing I've ever gone through.

Jonathan Otto: Wow. When people feel like they're dying, there's times when it's like hypochondria or that it's just like something they've read online and they kind of got afraid of something. And then, there's these other experiences where people feel like they're dying. It's because they actually are dying and their body's just telling them and giving them those signals so that you're in one accord. Like if you're about to die or if you're on a pathway towards an early grave or something, there's all these signals going off in your body and it's all to alert you. Fix this problem, please or here's the outcome. It sounds to me as I'd heard your story, it sounded to me like that was what was happening to you. That your body was actually telling you that you were actually on a pathway. Because again, all, there are a lot of people dying from these vaccines. Were you going to be one of them? Was your body giving you signals that you were on that pathway? Just explain that feeling so we could just get a feeling for what that might have felt like for you.

Gloria Sharlein: For me, one, losing all the blood, I knew that that wasn't normal and it got to a point where my face literally was sucking in. You start getting that prune look on your face. And so, I felt the life was literally being sucked out of me. I went through all of the things, my energy level's completely down, the brain fog, all of those things are not normal for me. I'm a mathematician, so I'm used to thinking a lot and analytically thinking. And like all of that was kind of shutting down. And I've gone through hardships in my life, but never has that kind of stuff



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happened to me. And then, the heart issues, it was so scary going through that, feeling like am I gonna have a heart attack?

Am I gonna have a stroke? And I would do simple things like sit in a sauna for 10, 15 minutes and the sauna would alone make me feel I was gonna have a stroke. So, little things. And also during that time, it's like even walking would put my heart rate like crazy so I really couldn't do much. And, I remember too, I was in bed like I would come home from work, it would be hard to get through work. And I would come home and have to go to bed by 7:00 PM and I spent a lot of nights in bed early or that my head just couldn't take it anymore. It really affected how my head was feeling. The feelings are it's really hard to describe because I've never felt any of these kind of feelings. I had very strange feelings in my body that I've never felt before. So it was just, all of it added together. I really, I knew that my body couldn't last for the long potential that I could. I knew that all those things were very bad for my body.

Jonathan Otto: Gloria, what is that like to be in that situation you're a very active person as well, and then snowboarding and working out, enjoying, working out these types of things. But this whole feeling of something being taken from you or now having to either get used to a new quality of life or even to get used to the idea of leaving people behind. Was that ever a thought? Did you like think that through? Did you ever have any conversations, so what was that part of it in terms of had you got that far ahead? Were you thinking what's this gonna look like and what was that process like for you?

Gloria Sharlein: That is hard to think about. And I did go through that moments and for me, me and my daughter have always been together. And so, what that looked like in my household is telling my daughter which is extremely sad and painful, that she has also had to go through this with me and see all this. And at the time she was only 16 and now she's 18, so she's dealt with this when she was 16. But it was explaining to her that something is wrong with my heart. Before I actually got help and the way my heart was feeling, I did, I had to tell her I don't know if something's gonna happen to me or not. And really the main reason too of telling her those things is that I wanted her to also be aware of what was going on too, with these shots.

But it was very traumatic and there were multiple times when she would just be like, "I wish this was all over, Mom. I wish we weren't going through this. I wish I could have just a normal life." So it's very painful to hear those things from your daughter and you can't, I couldn't fix it. And then, it's just scary to think about that, the possibility of leaving her behind. And to me, she's still too young to be left without any parents. So that was tremendously hard for me and hard for her.

Jonathan Otto: Wow. And to hear these words, I guess that's the thing that no parent ever wants to hear these words back from your child at that age. And for her saying to you, "I wish this was all over. When is it gonna end?" Like if it's a couple of weeks or a couple of months, but this went on for years. What was it like to hear these words? "When's it gonna end, Mom? Why is it not over yet? I wish this was over."

Gloria Sharlein: It was the hardest thing that I've heard ever from her, I think. Because I am the kind of person, I've done my best to make my daughter happy, and to feel loved, and to give her a good future, and a good home. So



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hearing those things, whenever she's told me things in the past, I could work on it. I could fix it. And hearing that from her and knowing that I couldn't really do much was very hard for me. It was like a big blow to my everything, to my world. But that's how I knew too. Doing these interviews and spreading awareness, in the end, all of that stuff will make her be able to have that future that she wants. So that's I keep, and then also fighting for my health so that I don't have to think about that they took years from me.

Jonathan Otto: Yeah. Wow. And I'm looking forward to talking about some of these huge wins that you've had and the last question on having gone through what you went through actually. Okay, second last – regret. Was there something that you had experienced in regard to, obviously the answer if any of us had a time machine, we go back in time and we'd take back all the choices that caused this suffering or caused other suffering. And so, that would be great if we all had time machines and then we wouldn't need cures, we would just avoid these types of things. But did you ever go through regret or was this a replaying thought or is it something that you just kind of understood, "Look, that's what I did. It's in the past now," or did you rehash that choice again and again?

Gloria Sharlein: I would say when I was really hurting and that first seven months, not being able to get help and going through all that pain and suffering and knowing that my body could not handle that forever. At that time I was full of regret constantly, probably full of regret, that I even did this.

Jonathan Otto: Can you replay that thought though? Can you replay what the thoughts were? So you said you're constantly in regret. What was the thought? What were the sentences? Often when we're in regret, we're telling ourselves something. What were the words you were telling yourself?

Gloria Sharlein: I just really shouldn't have took that shot. That's probably the number one thing that played back and back. And then I guess, thinking I shouldn't trust my government and then seeing everybody else pushing the shots like the universities, and so I can't trust them either. And then, it starts building this thing of trust, maybe I can't trust anyone anymore. So, it does build a lot of those negative thoughts on top of trying to find help. It really is horrible in all the angles that it does hit you at.

Jonathan Otto: Wow. Did you ever feel like you couldn't trust yourself?

Gloria Sharlein: I felt like I was completely changing, too. From the health, my mental. There was a lot of moments where actually I just cried out to God to forgive me and to heal me during that time. Many, many moments crying in the shower, crying everywhere to God to please help me.

Jonathan Otto: Wow. It sounds like real desperation.

Gloria Sharlein: The most desperate moment I've ever been in my life. And then, for it just to last for so many months. And then, for people not to believe you when you're going through that. I knew something was wrong with what was going on with this shot. 'Cause if we really cared for each other to take the shot, then we would care when others are hurting from it. And so, if I did, I felt alone, abandoned, on top of that I know that my body is dying. It was the worst moments ever.



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Jonathan Otto: Did you ever want revenge?

Gloria Sharlein: No, just because I am Christian and I don't believe in revenge. And so, the moments of desperation after you start getting some relief in that pain, that's when my thoughts started changing as well. You start feeling like, of course, I want the people that did this to pay. I think they should be in prison. They definitely shouldn't be the lead of our pharmaceutical teams and such. Those are things that I wish for. And I wish for safety, and I wish, I pray for our governments to actually look out for the people.

Jonathan Otto: Yeah. Wow. And Gloria, just the last one was the chronic pain. So, what was the pain like? And then, you mentioned also the neurological symptoms. You said that you were forgetting things, but then the emotional side of things, relationally, you're in a relationship, you have a partner, the difficulties that can come in relationships. My wife and I know that firsthand big time and I'm just sitting there going to work, trying to work out, man is my wife, is she attacking me because of just her and me and us or is this because of her health and I was always trying to crack this code, which what is it? And whenever her health was down, things would start happening. And same with me as well, not just on her, but yeah. So, the chronic pain and the neurological aspect, the emotional aspect, and how that had affected things with your relationships and your own mental state.

Gloria Sharlein: I didn't even realize how bad it got with my immediate relationship. So my household – my partner and my daughter. When you're in so much pain, I don't think you realize the output that you're putting out to everybody else. So, if anybody has seen me the most angry through this, it's definitely my daughter and my partner. And sometimes, I'm angry because I'm sick or angry that this is happening to me. Angry that my daughter has to grow up in this world like this. And then, the people I actually care about her the most. But then I reflect this anger in my daily life with her at that time, because I was hurting so bad and in so much pain. That part of it is so sad too, my daughter shouldn't have had to go through any of that stuff.

I shouldn't have had to go through any of that stuff as well. The head pull, I don't know exactly still what it is, but I think a lot of people have it is where I have this feeling of pulling in the back of my head. It's gets so bad that I have to close my eyes and go lay down. And I think that actually happened to me while we were in Florida. Even I had to go lay down and shut my eyes 'cause the head pain gets so bad. And that's happened to me a lot, especially before December. It was happening the whole time through Christmas and New Year's holidays, I would be cooking and then I would hit a point where I can't do it anymore and I'd have to go lay in a dark area because the head pulled the eyes like everything is just hurting. My heart created this feeling of stroke and my whole side of my ribcage would hurt all the way down from my fingertips to my neck. I would have this weird feeling. So, all of that made me scared and angry, and then I would reflect that out on my relationships. It's heartbreaking to think about what we all went through during a year and a half.

Jonathan Otto: You truly experienced this hellish reality of just everything changing, and being totally ignored in that process and then left in a situation where there was just no help. And now coming over to the solution, let's talk about what happened. What a turnaround. Every other day I'm sharing your story with somebody. It's just very inspirational. And some of these are world-leading doctors that are, and they're looking at your case. It's awesome.



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Gloria Sharlein: I wanna cry. Just cause it's so hard to go through this. It's the worst thing that's happened in my life and that you know you told me Jonathan in January that there's hope and I wanted to believe you so bad, but maybe in the back of my head, I didn't quite believe you. And now, there is hope. You were right, and God is real. God is good. And the fact that I'm healing is miraculous. And there's so many people out there hurting so bad. And if I can help any of them, that just makes me feel so good. It means everything to me.

Jonathan Otto: That is so awesome. You deserve that feeling. And like everything you've been through is none of it is in vain. All that loneliness and that pain and that regret and that betrayal. All of it, the physical suffering, all of it is for this. It's the cross coming before the crown. Because people will say "Well, you don't know what it's like, you don't. You can't help me because you haven't, you don't know what it feels like." And you say, "Yes I do. And I don't have exactly the same symptom as you, but here were mine, and here's what this meant to me emotionally. This is how this wrecked my life. And, this is how I found hope." So you have that. It's just so powerful. Tell me more. Tell me how you healed. How did you do this?

Gloria Sharlein: So, I've gone through like, I wanna say I've gone through three different therapies, and four rounds of therapies. And each therapy like did- and they're all natural remedies and natural therapies that I've done. And each one helped me, but I always felt, my heart always felt sore, and not normal. Something potentially, what can it be? Ever since I took the jab, my heart has never felt normal again. And so, even through the different therapies I did, they helped me and they got me through different stages. But my heart always had this sore feeling. And so, I knew that did something. There's damage to my heart, is it permanent? Those turned into the main concern after a year and a half of dealing with this.

And then I met Jonathan Otto on a bus to the freedom farm and he introduced me to urotherapy. And at this point, of course, I'm up for hearing everything. I wanna learn more and more. I want my chances of health to be the full max of what it can be. It's so important to me to heal from this, and to make sure anybody else can heal. I can share the healing, and what it took actually though, after you telling me about your therapy, I didn't start it right away. And thinking about things, and I am still on my third therapy at the time. And then one day, God spoke to me and I had this feeling that I don't need a doctor, I don't need a supplement. All I need is God. And down she went.

I drank my first serving of urotherapy. And within a week, I started feeling better. Within three weeks, I lost 18 pounds of toxins out of my body. My gut started clearing out and I really truly believe that they've been poisoning us, in our gut like forever. Now that my gut has been cleared, I don't think it's ever been cleared in my life. And so, that feeling alone is miraculous. And for the first time ever, my heart feels like it can heal. I feel like I actually can heal better than I was before the jab. For the first time ever, there is hope and healing. I truly believe it now.

Jonathan Otto: Wow. Let me rewind to the heart. So you are having heart palpitations, now what? Are you having those? Are they less regular, or are they happening still? And you said you're feeling it, your heart is healing. Can you tell me what that is?



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Gloria Sharlein: So, my heart palpitation stopped, I wanna say, about a year ago now. The ivermectin and NAC and fenofibrate got my heart palpitations to stop, but my heart still didn't feel normal. And I would have those shooting pains down my arm and through my ribcage which, I'm pretty sure, are signs of stroke. So, I still had those, but the actual heart palpitation stopped. So that was a win for me that at least the heart palpitation stopped, but so these feelings are still there though. And so it's like, "Is something wrong with my heart permanently?" And I always worry that something may have been wrong with my heart permanently. And then now, since I've been on urotherapy though, my heart, those pains, I think it's maybe happened once where I got a shooting pain in my arm, and it was a lot more. So once in the last two months is really good 'cause it was happening a lot more than that. The head pull that I was explaining earlier, that's happening less, my heart isn't sore anymore. I feel like I could go run. I could go jump around. I could probably--

Jonathan Otto: You can run, have you ran?

Gloria Sharlein: I could go snowboard.

Jonathan Otto: You can go running? You have?

Gloria Sharlein: I haven't yet, but I need to start. I need to start up again because I really truly feel like I can. For the first time, I feel like I can just, I've jumped around the house for joy. Everybody around here has seen me jumping for joy and feeling amazing.

Jonathan Otto: What do you mean jumping for joy? What were you actually doing?

Gloria Sharlein: Like, woo, I can move my legs. The way that my gut is, and all my clothes are big on me now, so it's like it's a good problem to have. But I literally feel like I can just do everything. I feel like my body was toxified and poisoned forever, holding me back forever. Now I'm seeing that I'm probably gonna be able to do things that I've never been able to do. I think I could do a pull-up now, just rebuild, regain my muscle strength. I did share, I like to weight train and I haven't been doing that, but now I feel like I can get back into it and I bet I can do a pull-up. I bet I could get my muscles up and I've never been able to do a pull-up, but I really feel like my body is gonna be able to do so many things now.

Jonathan Otto: So you're saying you in the past, so you're saying that you have actually never, in your whole life, never been able to do a pull-up? Is that right? And now you're saying after the jab, after this kind of took you out of the game where you couldn't even work out anymore. Now you're saying that you are feeling enough strength in your body to believe that you will be able to do a pull-up or pull-ups?

Gloria Sharlein: That's gonna be one of my goals. I'm gonna do it.

Jonathan Otto: I believe you. I believe you. You've continued to do what you've said you were gonna do.



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Gloria Sharlein: I'm so excited about it. I've always wanted to do a pull-up. I remember looking back, even in grade school, watching the kids do pull-ups, and I was just, I was chubby. I don't know. And that's probably not a reason. I just, I never, I played soccer so a lot of my muscles were in my legs. so I didn't have a lot of upper body strength as a kid, but now I just, I feel like my body's gonna allow me to do so much. I'm super excited about what's to come.

Jonathan Otto: You are losing weight as if you are in some kind of elite weight loss school or whatever, I don't know. Or some kind of challenge.

Gloria Sharlein: Jonathan, I've lost weight. In the past, there was a moment after I had my daughter, and so I was super clean eating in the gym, playing sports, like playing racquetball and swimming, which burns tons of calories. And I did, I lost 40 pounds in 3 months, but this, this is way better than that even was. I am trying to clean up my eating. Even back then when I was clean eating, I probably wasn't gluten-free, and I'm not 100% gluten-free right now, but it definitely makes a difference. And I could tell on the days that if I do have gluten or if I stay gluten-free. So, the eating correctly definitely contributes. What we put in is what is gonna come out. So even with the urotherapy, I can see on the days that I stay gluten-free, my urine is more clear and things like that.

Jonathan Otto: Oh wow. And probably tastes a little different or better maybe. I notice a difference when I'm eating more fruits and no processed foods and things like that. But could be different for you.

Gloria Sharlein: One thing I do to help mask the taste, too, is I add my Cardio Miracle to my urine. So if you add anything, 'cause I have other powdered vitamins that I've added to just to see. It pretty much tastes like whatever powder you put in it. And so, I did try my urine without anything. And really, it was a little too salty, but then that's just telling me, "Yeah, I'm having too much salt intake." So it's trying to, I'm still working. I'm not 100% like where I wanna be with my eating, but it's getting there.

Jonathan Otto: Yeah. Has this helped you with your cravings? Helped you balance?

Gloria Sharlein: Oh yeah. It's way easier for me to like intermittent fasting. I probably need to do some more fasting as well. But it helps me fast. I don't eat as much, so I would say that I'm eating less meals. Some days it makes it really easy that I can only just eat one meal. And then, my cravings for sugar aren't as bad. My body, so this is the crazy thing, too. My body wants my urine.

Jonathan Otto: Tell me about that.

Gloria Sharlein: It's so crazy to say, but my body craves it.

Jonathan Otto: Yeah. Tell me how, what do you mean?

Gloria Sharlein: When I drink it, my body knows what it's doing, and it's telling me that I want more. It's not hard for me to drink my urine at all, and I feel like it's something that I'm gonna do the rest of my life.



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Jonathan Otto: Wow.

Gloria Sharlein: I really recommend anybody to try it. It's done so many good things for me that others around me are also seeing those wonderful things, and it's making them want to try. So I'm really excited about others trying this. And yeah, my knees for one, like my knees have, I would say cracked like when I bend down for years and years before COVID, and I always just thought it was because my years of playing soccer, my years of snowboarding, like just aging. People say, "Oh, these things happen in your 30s and 40s when you age." I think it's all lies now. From the urotherapy, my knees don't crack anymore. So I know my strength is building in my body, and that's what makes me feel like I'm gonna be able to do amazing things. I am so curious when I go snowboard that if I'm gonna be able to snowboard like when I was 20 years old. I feel like I'm gonna be able to just push my body to those limits that when they tell you, "Oh, in your 30s and 40s, you can't do these things", and I can't wait to see how wrong they are.

Jonathan Otto: That is awesome. How old are you, Gloria?

Gloria Sharlein: I turned 40 while we were in Florida.

Jonathan Otto: That's right, it was your birthday. How amazing is that actually, that we were together on your birthday? I was with you on your birthday, right?

Gloria Sharlein: Yeah. And our family has birthdays the same day. January 7th is a big day for my stepdad. And so all of our birthdays, your family too are around that same time. And yeah, I just really think it is very miraculous. In May last year is when I really surrendered my life to Christ. At that moment in May last year, I was gonna stop everything I'm doing. My family, my friends were all telling me that maybe it's too much. I shouldn't be talking about this stuff. I was speaking at the board meetings, and I prayed to God, "Do I stop? Do you want me to stop or do you want me to keep going?" And constantly praying about that. And He told me to keep going. And ever since I've made that choice, and to just follow His lead and not listen to anybody else, all these miraculous things started happening one after another. All the way leading up to me being in Florida and meeting you and learning about this therapy that's now healing me. It's one little step-by-step that God put in front of me.

Jonathan Otto: Wow. And you were just obedient.

Gloria Sharlein: I still am. I'm still, I don't see myself ever- I feel because I lost sight of that is what led me into getting this vaccine injury. If I would've just kept in sight of why that relationship with God and why we do certain things and make these decisions in our life, maybe I wouldn't have fell for the lies to get the jab. But now I have to forgive myself. And maybe, God knew my plan, too. So, I have to trust in that now and just move forward and hope that other people can be helped with this, too.

Jonathan Otto: Hmm. Wow. Yeah, it's like what Joseph said to his brothers, "What you have intended for bad, for evil by throwing me into a pit and telling my father that I was dead and giving them like the blood of an animal

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saying that I was killed by animals and I got sold into slavery in Egypt. And what you've intended for evil, God has meant for good." And then, God used this for good. So he actually was able to feed his family, his brothers, his dad when they were in famine. And he was able to keep all of Egypt alive during a time when they were all would've starved to death by revealing those visions that God gave to him and Pharaoh. Isn't it just something, isn't it just so special?

Gloria Sharlein: It is. It really is. And I do feel like, I feel that God knew that this war was gonna happen, right? He knew the devil's plans. And I feel that God made this urotherapy for us to be able to heal from this, and for what's to come in the future. The Bible makes so much more sense to me now too. I always wondered, "How can he promise me that I'm gonna be fed every day? It's just something that's even when I was a kid, I used to think about that and now I see through our urine. It can feed us every day. Not to sustain life forever, but we could make it through those days maybe that we don't have other food options. How can he promise to help the poor and the rich? And this is how. It doesn't cost me any money. It doesn't take a doctor visit, it doesn't take a test. It's just healing. And so, all of these things, I do feel closer to God and I do feel I'm healing and I'm so excited now about the future instead of worrying about that if I'm gonna die early. So now, my relationship with my daughter, better. My relationship with my partner is better. And just through me healing those relationships got better, so.

Like a lot. Like a lot, I didn't even realize how bad it was affecting everybody else surrounding me. But now I can see how good it is to heal and how good it is for me, my family, and that's what- If it takes me to do this the rest of my life to feel this great, it's no doubt in my mind, I'll be on urotherapy forever.



Breaking News: Dr. Bryan Ardis

So no one's actually seen this or heard this yet. I'll do this on this first interview right here. So my wife and I flew up to a clinic in Ohio last week and we wanted to have ourselves analyzed and then we took a bunch of stuff there to have analyzed also with some technology that's out of Europe that is able to actually differentiate between physical elements found in a substrate, either blood, liquid, solid, me, doesn't matter, and it can identify what the physical signatures of different toxins, poisons, minerals, elements, the periodic table of elements, any of those things are found in a certain thing.

So I wanted to know, does my wife have anything in her body we need to be aware of and do I? And then we took a whole bunch of stuff to find out. My wife was the first to be analyzed and imagine my shock that it populated two venoms were inside of her body. The first one was scorpion venom.

We found scorpion venom inside my wife's body. Well, we don't own scorpions, we don't have pet scorpions, and we've never been stung by scorpions, so how did scorpion venom get in our bodies? The moment that the report was published and they handed it to me, I literally asked the clinician to send someone from the office and go to the nearest Home Depot or Lowe's and buy Roundup or Roundup Plus, the concentrated form and bring it back to the office for us to test. And he goes, well, why do you wanna do that? And I said, because there's a company called Monsanto who's owned by the corporation, the Bayer Corporation, the Bayer Aspirin Corporation owns Monsanto.

And about six months ago, I learned that Monsanto owns, not only do they own the patents to glyphosate, which is used in Roundup to be an insecticide and herbicide to kill plants and insects. They own, Monsanto does also, I found the published papers. They disclose it, they own the largest patent library of insecticides that are made worldwide from snake venom, from scorpion venom, and from spider venoms.

So I read that about six months ago, and when my wife tested, the other day, for scorpion venom inside of her, that girl eats so many veggies and tries to eat only whole foods or organic vegetables every day, all day every day, she's a super health nut. But when scorpion venom populated in her body, I then knew Monsanto and their use of insecticides that are made from scorpion venoms, maybe it's found in Roundup or in glyphosate. So I'm gonna share with your audiences right now how I believe they could be doing all of this spreading of venoms. So we had them go by Roundup.

So I'm gonna read to you what they found in Roundup. Okay, we scanned Roundup. And inside of it, it was published. **Venom from Scorpions** was the first venom that was published. Inside of Roundup was also found venom called **Snake Venom Metalloproteinase Inhibitor**. This is what makes the cells of your body destroy or deplete you of copper and zinc. Metal proteinases from venoms do that and it's in Roundup glyphosate. King Cobra venom was found inside of it. **Scorpion venom called myoxocephalus scorpis somatostatin that's manufactured in E. coli bacteria around the world which is how they make these insecticides.**

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That specific scorpion venom is in Roundup and was the same one we found in my wife's body. And then they found cone snail venom specifically from the virgin cone snail called Conotoxin 10. **They found Malayan krait venom in Roundup, which is the actual origin of COVID supposedly.**

Chinese researchers in January of 2020 confirmed bungalow toxin, which is the venom of a krait snake, is the origin of COVID and it's inside of Roundup. Now how much Roundup's been sprayed around the entire world that you've been exposed to in your food as it's sprayed on all your farms, drawn up into your plants and you eat it, and then how much of it is sprayed on farms around the world and then irrigation and rain takes those venom sprayed all over your farms all over the world, like Roundup and glyphosate, and then it gets into your water tables and then you drink it or shower in it. It's just disgusting.

They also found in Roundup echarin, which causes blood clotting. That echarin protein is isolated from the salt-scaled viper venom. So this would explain how they got the blood clotting effects of COVID to be seen in reacting. Then there was also from the Eastern brown snake in India was found its venom called a prothrombin activator, causes and elicits blood clots to start being formed in the body was also found in Roundup. And then they found the alpha bungarotoxin, which is exactly what the spike protein of COVID is, that and cobrotoxin. Then they found Korean slymosa snake venom inside of Roundup. And we found cone snail venom that's manufactured in yeast around the world called Conos Geographis Sigma Conotoxin GV3A.

So just so you know, this is what we're up against. They have been utilizing glyphosate, which actually has every published side effect identical to snake venom in the human body. It does three things. Established in 2003, glyphosate, the worldwide most used herbicide, insecticide, sprayed on all your food you're eating. It mimics the same action of all venoms with these three minerals.

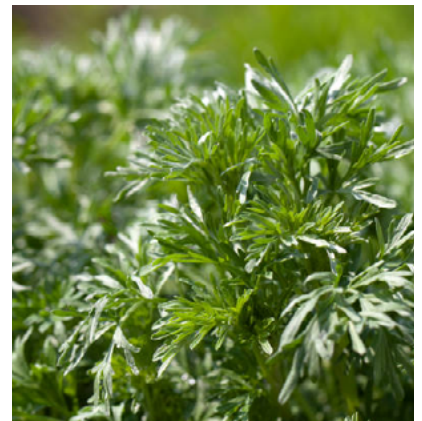
Thankfully, Dr. Ardis is equally dedicated to healing our bodies from the deadly bioweapons as he is to exposing them!

He told me about a **VERY special herb** – that's so renowned it's mentioned in the Bible – **is ALSO an anti-venom that can help detox the spike glycoprotein!**

Dr. Ardis revealed: "Try a substance called wormwood. Wormwood is an herb, but it has the exact same principal reaction at nicotine receptors. It just isn't as potent as nicotine. So you either need to slow down the detox process with nicotine if you're having reactions to it using nicotine products or you can use a plant-based derivative like wormwood."

It's a great, natural alternative for people who experience reactions to nicotine.

And, as an added bonus... You can grow it in your own garden (even a container garden)... So that they can't control your access to natural medicines!



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Conclusion



In conclusion, the aftermath of the COVID bioweapon attack has left a lasting impact on our health and well-being. The staggering number of adverse effects reported from the COVID “vaccine” emphasizes the need to address and reclaim our wellness. This transformative ebook serves as the perfect guide, offering expert treatments and insights to help us thrive in the face of COVID bioweapon damage.

By recognizing the unprecedented rise in diseases and illnesses caused by the bioweapon, we acknowledge the importance of taking proactive steps towards healing and recovery. With the highly effective protocols we have learned, we have the tools to reclaim our God-given health.

The road to reclaiming wellness after the COVID bioweapon damage may be challenging, but it is not insurmountable. By leveraging the expertise shared within these pages, you now have access to valuable insights into effective treatments and strategies to restore your health.



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ABOUT JONATHAN OTTO



Jonathan Otto is an investigative journalist, natural health researcher, documentary filmmaker, and humanitarian.

In addition to serving as a producer for ***The Truth About Cancer*** and ***The Truth About Vaccines***, Jonathan has created several highly-acclaimed, groundbreaking docuseries — ***Depression, Anxiety & Dementia Secrets***, ***Autoimmune Secrets***, ***Natural Medicine Secrets***, and ***Autoimmune Answers*** — covering innovative, effective natural remedies for autoimmune disease, neurodegenerative disease, mental health, cancer, and heart disease.

These docuseries — watched by millions around the world — represent Jonathan’s unceasing quest to discover the root causes of debilitating diseases by interviewing over 120 world-renowned natural medicine doctors, scientists, natural health experts, and patients.

In response to this life-saving knowledge, Jonathan created **Well of Life**, a line of doctor-formulated, 100% natural supplements specially designed to detox and fortify the body.

When the global elite took away the human and medical rights of people around the world — and coerced billions into taking the toxic, experimental COVID “vaccines” — Jonathan was determined to get the truth out, despite being repeatedly censored and deplatformed.

He interviewed the world’s top medical doctors, health experts, and legal experts on vaccine injuries who risked their own careers to expose the lies behind the deadly COVID “vaccines” — which have caused deaths and injuries to millions of people — to create his newest docuseries, ***Vaccine Secrets***, ***COVID Secrets***, and ***Unbreakable: Destined to Thrive***.

Jonathan’s greatest reward has been hearing the testimonials from people whose lives have literally been saved with the protocols he developed.

His work has been featured in international TV broadcasts, print media, national news, and radio broadcasts. He received the awards, **Young Citizen of the Year** and **International Volunteer of the Year**, by the Australian government for international humanitarian contributions, which he continues to support.

Jonathan and his wife, Lori, welcomed their first son, Asher, in January 2019 and their second son, Arthur, in May 2021.