POISONED

A **Deep Dive** Into the **Mass Bioweapon** & **Envenomation** Agenda

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Introduction

Dr. Rashid Buttar’s Story

It was 6 days before I was scheduled to meet with Bryan, and I was getting ready to fly out to Spokane, Washington, for a speaking engagement. Actually, it was a Reawaken America tour. And I remember having a conversation with Clay Clark because the air quality there, normal is between 60 to a 100. As it gets up higher, it's bad air quality. A 100 is supposed to be the worst air quality. And the air quality in Spokane was 150.

And I was having problems with breathing at that point, and I didn't know what it was. I've got an underlying cardiac disposition, had a rapid CT angiography done back in 2015 that showed I had a 75 and a 95% occlusion, which didn't make any sense because I've had all sorts of preventive treatments.

And the year before, I competed at the world championships in martial arts. So I'm competing at the world level in 2014 and 2015. I can't walk a quarter of a mile without stopping 5 times because I'm getting short of breath and having chest pain. So I had this predisposition, and I'd been doing things to get that back, and I had. I was starting to sprint again.

And I had done a lot of preventive things. I wouldn't do any of the conventional components. And I was told I needed a stent placement, this and that. And of course, the cardiologists that were telling me this, they're friends of mine. And I told them, I said, "You guys know I'm not going to do that."

But I would say I got probably 60 to 75% of my functioning back, but I still wasn't over the total hump. And so even knowing much of this and having treated people for the last 31 years as a physician, I had chronic chest pain, and I just learned to deal with it. I just had put it aside. And that's not a smart thing to do, by the way. Just so that everybody listening knows, that's not a smart thing to do.

But also my level of activity and my level of extreme physical exertion, the history that I'd had from the military, from my previous trainings and such, it didn't hurt me, let's put it that way, because my body had gotten used to a high level of extreme exertion. And I think that if my heart wasn't so strong and so good and so well functioning, it probably would've taken me out of the picture had I not had such a well functioning heart.

But that doesn't mean that just because you have a good functioning system that you abuse it. And really I wasn't providing the assistance to it that I needed, but I also am not oriented towards a pharmaceutical side. And so I was still continuing the same level of exertion, or trying to exert the same level of exertion. And I couldn't. My body couldn't handle that.

And so when this event was coming up, it was no different than the last 6 years. Since 2016, this has been going on. So it's not like it's anything new. But I was a little concerned because now the shortness of breath, over that last 6 years even though I had that cardiac history, over the last 4 years, I hadn't had any shortness of breath or over the last 4 1/2 years, I hadn't had any shortness of breath. I'd get the chest pain pretty regularly, but I wouldn't get shortness of breath.

Now I was having shortness of breath. And I was having shortness of breath that was suffocating, where I felt like I was drowning. And it was slowly building up. And then I had this chronic cough. I had a rattling in my chest at nighttime. I felt like I was wheezing, but it wasn't wheezing.

So anyway, there were all these little symptomologies that were going on. And so, I had my plane booked, and the next day I left to go there. And fortunately the event was outdoors. And fortunately, there was a nice wind blowing, and there was no issues with the quality of air that I felt, but I was short of breath when I was on stage. In fact, I even played more videos because I was a little short of breath.

I think I might have even mentioned that from stage. But on my way there, I had had a conversation with Bryan. And I told him, I just happened to mention something that was going on, and Bryan said, "You know, you should come and let me check you out." And I thought that was very nice of Bryan to say that.

… whenever somebody's generous like that, you want to acknowledge it. And I thanked him, but something told me that this was more than just somebody suggesting if I want to see him and he might be able to help me. I just felt like this was, I don't even know why, but I just felt like I needed to take him up on this. And so I said, "Well, I'll be in Spokane. Are you going to be there?"

And he said, "No, I'm going to be actually in Fresno." But he said, "I return on Sunday to Dallas." And I said, "Well, I'll be back Sunday, too." And he says, "Well, why don't we just link up on Sunday night or Monday?" And I said, "That'd be great." And we just left it at that. And then everything happened on Thursday, Friday, Saturday. We flew back to Dallas Sunday morning.

And based on his schedule, and I think something that was going on with me, I had an interview that evening, decided to wait till Monday. And we were going to meet Monday morning. Well, I sent him a message Monday morning, and he was tied up, and we made a plan to meet around 2:30. Well, I'll tell you, when I walked out to the car to meet him, it was difficult for me to walk. And I felt like, to show you how serious it was for me, I felt like if I went to Bryan, I would be doing him a disservice because I was going to die in his house. And why would I do that, because then how is he going to be able to explain that? It would be a disservice for me to go there.

But I also knew if I went to a hospital, again, I was an ER doc for 7 years. I'm ACLS, ATTLS, Advanced Trauma Life Support, Advanced Cardiac Life Support, Pediatric Advanced Life Support, instructor certified. I teach doctors what to do and those things. And I knew that, if I go there, they're not going to know what to do because I didn't know what was going on. But I literally had a dilemma that made me stand outside the car trying to decide, do I go to the ER or do I go to Bryan?

It was like 2, 3 minutes, I just stood there. And I even remember thinking it was warm. There was a breeze blowing. I was right underneath a tree. The car's parked. And it was a beautiful setting. And I just even thought maybe I should just go sit in the park because I really thought I was going to go. I had talked with my kids, I talked with Dr. Ashton, but never said anything to them. None of them knew. I made a call to an attorney to make sure that I had some semblance of a will, but I really felt that I was sliding. I could feel the life ebbing out of me. And I didn't know why. I didn't understand why.

And interestingly enough, it wasn't scary. What was scary, I guess, or concerning, was that I've always had this recurrent dream from the age of 17 till the age of 37, that I was going to die when I was 36. I had this dream once every 3 weeks, once every 2 weeks, 3 weeks. I'd have the same exact dream. My mom knew about it. My ex-wives knew about it. But it was the same exact dream. And I had it for years. For almost 20 years I had this dream every 3 to 4 weeks. And it was that I was going to die when I was 36. And in the event that I made it to 37, in the rare event that I would make it to 37, then I would be around till past a 100 years of age.

And so obviously I'm more than 37 now. I know you probably couldn't tell that with my gray hair. But after that happened, I was actually in Italy. I was giving a lecture in Italy, in Veruno, Italy. And when I was there, I was age 36, and I was going to turn 37 the next day, but I was due for a flight. And my ex-wife even told me, "Don't fly. Just stay there until you turn 37, and then fly." And I laughed, and I told her, "Look, it doesn't matter

whether I'm in a plane or in a hotel room, if it's my time, it's my time." And ended up flying as scheduled and got home and everything was fine. I turned 37, and I knew. And the dream stopped after that. This dream that I'd had since the age of 17 stopped after I turned 37.

And so, I'm standing by the car trying to decide should I go to the ER, or should I go see Bryan, or should I maybe just go to a park? Because in my mind, I've always thought, "Okay, I'm going to make it well beyond a 100, and I'm barely halfway there." And I'm trying to figure out what's going on. It didn't make sense, but maybe it was just a figment in my imagination. And so I'm literally standing there trying to decide, and for whatever reasons, the tables tilted towards Bryan. And I went to Bryan.

And when I got there, it was interesting because he made an observation. He said, "Are you okay?" And I said, "Yeah." And then I said, "No." And he put his hand on my shoulder to make sure I was okay, like steady. And he's looking at me. And then I told him, "I said, Bryan, I feel like my life is draining out of me. It's like it's ebbing out of me." And he told me that I looked ashen, and I had that gray look. I just didn't look good. And I told him, I said, "I don't feel good at all." And he said, "Okay, we're going to get you straight." And he said, "You're not leaving till I get you straight."

And I shared him with what I just told you about my dilemma. Should I come here or not? I was going to be doing him a disservice. And if he's my friend, why would I go there and die in his living room? How's he going to explain that? And he said something so intriguing at that moment, I just remember catching it and putting it in the back of my head, and I didn't think about it again.

But he has said that to me since. And I've thought about those words since. And he said to me that there is no place on this planet that I would rather have you at right now than here in my living room. And he did some energetic testing. I won't go into the details of all the stuff he did, but he did some energetic testing. And he told me that I had a poison in my heart. And I said, "A poison? You mean like a toxin?" He says, "No. A poison."

And he told me at that time, he goes, "I don't know what it is." That's what he told me. He goes, "But you've got a poison in your heart." And then he told me, "There's 4 chambers to the heart." And so that everybody knows as the 2 atriums that are the receiving areas of the heart that receive the blood. And then the blood goes from those 2 atriums into the 2 ventricles, and the 2 ventricles pump the blood out to the rest of the body. And the 2 chambers that pump the blood out to the body are the ventricles. The ventricles are the right and left ventricle.

The left ventricle's responsible for pumping the blood throughout the whole body. The right ventricle is the ventricle that pumps the blood throughout the lungs. So the blood comes in through the left atrium, goes into the left ventricle, gets pushed out to the body, comes back into the right atrium, goes into the right ventricle, goes through the lungs, and then comes back into the left atrium, then into the left ventricle. And that's basically the flow of how it works.

And so the 2 atriums, on a scale of 0 to 12, the right atrium was functioning at a 3 on a scale of 0 to 12, with 12 being the best. And the left atrium was at a 4 on a scale of 0 to 12, with 12 being the best. And the ventricles, which are arguably the more important chambers of the heart, because they're responsible for pumping blood either through the lungs or through the body, were both functioning at a 0 on a scale of 0 to 12, with 12 being the best. I mean, they weren't functioning.

And I also remember Bryan saying, "God must really want you to be here because you should be dead right now." And I felt like I was dying. I mean, I felt like it was just slowly ebbing out of me. So basically, he started working on me, and he put me on some stuff and had me start taking some stuff. And up until this point, all I knew is I had a poison in my heart. And he tested me for a bunch of different things and found one specific thing that would work for me to help get rid of this.

And so I started using it and within, oh, I don't know, 5 or 6 days; I mean, I started feeling better before I left that night. In fact, I ended up doing an interview with Bryan. Bryan was scheduled to do an interview, I wasn't scheduled to do an interview, but the interview took place while I was at Bryan's place, and I felt strong enough to do it. So it went from 2:00 in the afternoon till 7:00. So after 5 hours of Bryan working on me, then we did this interview together.

And I was still weak, but my mental state was better. And I did feel better just based on what he was doing. He was basically dosing me with stuff every 15 minutes, every 10 to 15 minutes. So within 5 days that was better. But then something else started happening. First my feet started swelling up, and then my feet really ballooned, massively ballooned, became volleyball sized. My ankles started swelling up, my legs start swelling up.

Then my knees, goes up my thighs, and then basically even my pelvis. I was just like a distorted person. So waist above, I'm looking normal, but waist below, I was like the Pillsbury Doughboy. It was the weirdest thing. I've never seen anything like that. So if a person does get swollen, they're usually swollen throughout, but it was just edema going all the way up. And it was pitting in certain areas and in other areas it was

non-pitting. And so I'm looking at this from a congestive heart failure standpoint, but no, it's not congestive heart failure because if it's failure, then you wouldn't have non-pitting edema.

And I'm trying to go through the after-load and preload, and I'm talking through all this with other friends of mine that are physicians. They had a couple of energetic workers that were helping me, and Bryan's testing me, and he's saying kidneys. And I'm like, "Kidneys?" And he's like, "Yeah, it's kidneys.

Your kidneys are failing." And all of a sudden my cardiac system was functioning so much better. By the way, all that chronic chest pain that I'd had for 6 years had gone within 4 or 5, actually not even that, probably in 3 days. All that pain in my chest that every day I had was gone, just gone. But basically my cardiac functioning was improving and pushing everything down. If you think about it, when your heart starts working, think about the pump. The pump's working better. It's pumping more blood.

But then if you've got a filter, and the filter's not being able to keep up with the pump because the filter's been running dry for so many years, maybe there's a problem there. And I had a couple people that had told me there was some kidney issues. And then I had another friend of mine, Dr. Group, had a test done for me and finds that I have a snake venom. I have a 2nd snake venom, I have a 3rd snake venom, I have an ant venom, and I have a spider venom. So it's the polypus. I think that's how you pronounce it. Spider, a wood ant venom, and then I had cobra venom, sorry, no, I had a rattlesnake venom and copperhead venom. And then later we found that I had cobra venom, too. But that's what the test found. And I'm like, "What the hell? How did I get this stuff?"

Jonathan Otto:
What test was that, Dr. Buttar? What test?

Dr. Rashid Buttar:
It's a device that picks up frequencies from a biofeedback, electrodermal standpoint. And I did not talk to this person. They just did the test, and I didn't want to give them any history as to what was going on with me. So they were just doing a full scan of my system to see what they picked up. And that's what they picked up.

Jonathan Otto:
That biofeedback is super helpful and important. I actually didn't know of biofeedback to screen for venomics and envenomation.

Dr. Rashid Buttar:

Well, it's for anything. I've used electrodermal screening for other things. But it'll work for anything. I mean, just for resonance, it'll pick up whether it's a vascular issue or whether it's a musculoskeletal issue. I mean, it is very, very accurate. In fact, it's based on the acupuncture meridians. But I wasn't looking at it from a poison standpoint. When she told me this, when I got the test results, I was shocked. I had no idea. But what was interesting was I was kind of excited to tell Bryan, because again, Bryan's a venom guy. And so I tell him, and Bryan said, "Actually, I already knew that." But he said, "I didn't want to tell you that because, hey, I'm the one who's talking about venom, and now I tell you that you've got a venom in your heart, and what does that look like?"

He goes, "That's pretty biased. I'm telling you the stuff that I've already told the world is affecting." And he said, "I just didn't want to create that bias." But obviously he was happy that now I knew, and that he wasn't the one who had to tell me that it was venom. So that in itself was a very critical thing, because when you're talking to a person, and the person is all about subject A, and then it turns out that your body's being affected by subject A, then, of course, you're going to think bias.

I mean, I would've thought, "Well, wait a second, what are the chances of what he's been talking about to the world is what's wrong with me? And it's like, Come on, seriously?" So I would've probably had a hard time believing it, and Bryan probably picked up on that. I don't know why, but he told me, I already knew that, but I just didn't want to tell you that because I'm the one who's still been talking about venom.

But by that time things were already better. So why was I having all this swelling in my feet? But think about it. If the body's got a poison, if the heart's trying to get rid of a poison, it's going to try to pump it the furthest away from the heart that it possibly can, the furthest away from the brain. It's going to try to shunt it to the furthest extremities it possibly can.

And so it sent it all to the most distal area of the body, which was the feet. And the kidneys couldn't keep up with it. And because the kidneys, again, kidneys have their own, think of it as sensors or receptors. So if something's going to come through the kidneys that's going to damage the kidneys, the kidneys are going to slow down their functioning because they don't want to get damaged. And they're trying to handle the toxicity load or the poison load or whatever that's trying to clear. But it's also not going to handle more than what the kidneys can handle.

And so it was almost like it was pooling in my feet and in my legs and in my thighs because it was too much for the body to clear at that time. The kidneys couldn't handle

it, so it was clearing it as it could. And what's interesting is that once it was cleared, I thought everything was fine.

And then it came back. And it came back again 4 or 5 days later. And that is where I actually was able to witness firsthand the clinical genius of Dr. Bryan Ardis. And that clinical genius was, he even told me X number of days and then he said, "Then you have to start on it again." Well, I hate taking pharmaceuticals; I was actually on a diuretic. And in my mind it's always no more than 10 days. So on the 11th day I took this diuretic, I was like, I stopped the diuretic on the 11th day because in my mind it's like I shouldn't be on something, a drug, for more than 10 days.

My swelling started going down on the 12th day. On the 13th day, Dr. Ardis checks me. He says, You need to be off of this for 4 days. He'd actually already told me this. And he said, After 4 days of being off it, you need to start on it again. On the 14th day, so it's day 11, 12, 13, 14, my feet are totally normal. I have no problems. I'm feeling good. I have another friend of mine, and I told her, I said, "I don't want to start on this drug again. I don't need this drug again. Check me, kinesiologically, using biofeedback and kinesiology, and tell me if you think I need it or my body needs it." So she did. And she goes, "No, you don't need it."

I've actually been talking to people during the meditation we do every week on Tuesdays. 3 weeks ago, I detailed out the symptoms and 113 people were having the exact symptoms I was having. So it was very interesting. And then…

Jonathan Otto:
What do you mean? So you guys all got exposed to the same thing? You were around the same people? As in, who were those people you're talking about?

Dr. Rashid Buttar:
These are my followers. I actually was trying to figure out, out of a few thousand people I asked, 113 were having the same symptoms. Shortness of breath, feeling of drowning, swelling in the legs, a dry, hacky cough that had been going on.

Actually, a conversation that I had with a couple doctors. I was talking to Dr. Bartlett. We were talking about being targeted, and I thought, I wonder what these people, what personalities they had? And so I asked the question, How many people that are on here right now that are having these symptoms are either, in the opinion of their families and friends or in their own opinion, loud-mouthed, outspoken, opinionated, don't hesitate to say what they feel about politics, medicine, whatever?

Guess how many people out of those 113 raised their hand? All 113.

I think something's very interesting, from an observation standpoint, going on. This has become very clear to me exactly how this has been rolled out, what's been happening, and vaccine-induced injury is actually nothing more than a poisoning, as is the shedding. Because obviously I haven't had that.

So none of these people had taken the vaccine, but they were having the same symptoms. The way it was resolved, or the way it was just ... it's a lot of crazy stuff that's going on. A lot crazier than we even recognize. A lot crazier than we know; a lot crazier than has actually been delineated.

I was just going to say that the documentary that you did with the water, and whether it's in the water, as I can realistically see that as a possibility, but it could be in the air. We just don't know where it is.

But it's there, and it's been orchestrated to be disseminated in a manner that is everywhere. There's going to be no place that's safe, unless you're in a bunker underground 300 feet with an independent filtered water source and an independent filtered air source. It could be also be just through contact, and that's been also postulated. Just things that we're touching.

All these sprays that they're going around cleaning. Whenever they hand me stuff on a plane to try to clean your hands, or the hand wash that you have at the pump stations, I don't touch any of that stuff because I don't know what's in that stuff. And even if it's not anything detrimental, even if it's not something that's pathological, it's going to be immunosuppressive. It's going to take away the natural bacteria from your hands. Whether it's contact spread, it's aerosol spread, it's water spread; it's spread in a manner that's ubiquitous and allows for mass dissemination, without a doubt.

The messenger RNA, the modified messenger RNA genetic modification tool, which is really what that is. When we talk about the jab, when we talk about the vaccine, that's what it is. It's really nothing more than the spike protein that's being introduced into the system. And the thing is that a person does not need to be jabbed or to have the injection to actually be susceptible to this spike protein toxin. So what do I mean by that? So when you watch a movie, you usually want to watch the movie, and then the ending of the movie is what everybody's waiting for, what the conclusion is, what the hidden message in the movie is, or what the ending is because the more intriguing it is and the less you can figure out what's going on, that's where the suspense is.

So I'm going to do it totally backwards. I'm going to give you what the ending is first. So the ending is that there is this thing called the spike protein. And that thing that's called the spike protein is a synthetic analog of poisons that are coming from various spiders, ants, snakes, mollusks, from various marine mammals. It's just all poisons. And they're synthetically derived analogs. So these are things that are found naturally, and they've made the synthetic version of these things. And these things have a massive spike off a substance that's naturally found in our cell membranes called phospholipase A2. And these spike proteins, that are nothing more than synthetic analogs of this venom, are found in the vaccines.

People that have gotten exposed to shedding, which means that you don't get the vaccine itself, but you're in close proximity to other people that have gotten the so-called vaccine, the messenger RNA modified genetic experimentation that is introducing this spike protein into you. So people that have been close proximity with other people are experiencing symptomology that's similar. And that's because they've gotten what they call the shedding. The shedding is exposure of that spike protein that they have been exposed to. That's exactly what happened to me because I haven't had the jab, and I'd refused to take the jab, but I have had 2 specific exposures. One right before I gave the keynote presentation at the World Health Forum in Spain, and I was so sick that my fever had spiked up to 103.5. I couldn't walk. I needed help to get there. And apparently I gave the best lecture of my life, but that started the night before.

And the 2nd time was when I gave a CNN interview, and they'd given me some water to drink. And I remember as I'm guzzling down the water, I'm thinking to myself, was that lid already open? I remember thinking I'm paranoid. And I got sick right after that; within half an hour I started getting sick.

So those are the 2 times that I could have been targeted or poisoned, if you will. Or it could have been just because I was sitting in a plane in close proximity to other people that had the vaccine or in some other type of public space. So I don't know how I'd gotten it, but many people have experienced this viral shedding. And we call it viral shedding because nobody knew, really, what it was, but it's actually shedding off this spike protein following the normal phenomena of viral shedding. But this is actually the spike protein that's shedding, not a virus that's shedding. And that spike protein is, again, that synthetic analog of these various types of poisons. Once they get into your system, then they are designed by design to elicit a response in the system. It's targeting the heart cells, it's targeting the cells of the reproductive system. So testicles in males and the ovaries in females, they have found an increased preponderance of the spike protein accumulating in those areas.

And it's also being found in the neurological tissue within the brain and within other neurological tissue. Now, what is it designed to do? It's designed to reduce the population, and it's designed that in the initial onslaught that it's going to take down 4 specific demographics. And those 4 demographics are people that are obese. It'll take those people down. People that are diabetic.

Now, people that are diabetic usually are obese, and non-insulin dependent diabetes or diabetes Type 2 is usually characterized by people that are insulin resistant, so they end up having a larger body habitus. They usually end up being obese. And so it's designed to take those people out because the obesity aspect, the diabetic aspect. And we know that it's actually hyperinsulinemia that leads on to cardiovascular disease. And hyperinsulinemia is actually something that's characteristic of cancer, especially in the late stages when the cancers make their own insulin-like growth factor.

Modern Bioweapons & Mass Envenomation - A Global Health Crisis

A Discussion Between Dr. Bryan Ardis and Dr. Henry Ealy

Jonathan Otto:
Super pumped to hear what you got to share here, and glad for this, joining here. So why don't you dive in, Bryan. What do you got to share? What do you got to show us, man?

Dr. Bryan Ardis:
Yeah, I just want to thank both of you, first off out of the gate, for all your support and love, and all your efforts to try to save the lives and improve the lives of so many worldwide.

There are some things over the last few weeks that have been very exciting to me, and as I hear the things that Dr. Henry Ealy is educating audiences on that he's researching, there's a lot of stuff that I believe from his naturopathic background, clinical experience, practice, education, that when he sees some of this information, it may bring to light and spark in him, and you Otto also, it might spark some things that can help me, and us, apply principles, solutions, antidotes to a lot of the injuries, symptoms, diseases that are being perpetuated on all of humankind.

And it's been pretty evil and nefarious, what I've been uncovering for the last couple years, obviously. It's been disgusting. But I wanna be able to provide hope to people, is our ultimate goal. I think that's why we became practitioners of any kind. So if you don't have solutions for people, there is no hope. So, we've got to look for solutions, to provide those.

So, in the lieu of things that we've been researching over the last little bit, I want to share this with you two. And then I'd love to share this with the world, actually, because other people are gonna have knowledge I don't have. And so, in principles and expertise that maybe, just maybe, they will see things and go, "I know how to apply that information and help people. No way. I'd love to know. How do we do that? I don't know everything."

A couple of things, do you think you know everything, Jonathan Otto? I hope not. Ealy, do you think you know everything about everything?

Dr. Henry Ealy:
Nope.

Dr. Bryan Ardis:
Okay. I'll answer for you. I don't think you do, thank God. We need some humble people that do not think they know everything. I don't know everything, and I'm shocked every day with my research.

This is the study which I call, "The one study to rule them all," kinda like the Lord of the Rings ring, the one ring to rule them all. All right. This is the study that rules them all, in my opinion, when it relates to COVID-19.

In April of 2020, these French geneticists actually ran the genetic sequence of the spike protein on the outside of COVID. To remind you both, this is what they published it was most identical to. Here it is. Cobratoxin, three segments of the rabies virus, and bungarotoxin. You'll see the last one listed as SARS-CoV-2 S. That's the spike protein. They said the that the spike protein on the outside of COVID, which the Salk Institute said, the spike protein all by itself causes disease and death to tissues in 28 different organs of the human body. It's cobratoxin, bungarotoxin. Bungarotoxin is krait snake venom peptide. Cobratoxin by name, most people recognize is the king cobratoxin. SARS-CoV-2 spike protein. This is what they found.

Jonathan and Henry Ealy. I would like to introduce you to Paul F. Reid. And the whole rest of the world is about to meet you, young man, and you don't even know who we

are. All right, this is Paul F. Reid. He owns a company called Celtic Biotech. Notice what's in the logo here, Henry Ealy.

Dr. Henry Ealy:
Yep. Cult of Asclepius. Cult of Asclepius.

Dr. Bryan Ardis:
That's exactly right. Alright, so the cult of Asclepius. Celtic Biotech. Paul F. Reid. I was so excited to show this to you, Jonathan Otto. You have been in my home to show me information that the CIA was using weapons using venom from the 1970s, and a constant reference to Fort Detrick, Maryland. Now it's time to introduce you to Paul F. Reid, PhD.

Here we go. Paul Reid, this is his biography. I want you to focus on the blue area. His biography. From 1993, which was 30 years ago, to 1996, Dr. Reid was employed by the United States Medical Research Institute for Infectious Diseases at Fort Detrick, Maryland, under a grant from the National Research Council in Washington D.C. Under the grant, he was responsible for the expression and purification of a variety of neuroactive components from snake venom in bacteria and yeast systems, and purification of the expressed venom material, with expansion to large scale vaccine production.

This is at Fort Detrick, Maryland. We are using United States tax dollar money to fund this guy 30 years ago, to manufacture, through genetic engineering, snake venom in bacteria and yeast systems, for the sole purpose for large scale vaccine production.

Now, Henry Ealy, does this say small scale vaccine production?

Dr. Henry Ealy:
Bryan, if I'm reading this correctly, it says large scale vaccine production.

Dr. Bryan Ardis:
And who paid this guy to do that?

Dr. Henry Ealy:
That would be me, you, and every American who is subjected to taxes, and isn't trying to hide our money in offshore tax accounts or nonprofit organizations like the elite.

Dr. Bryan Ardi:

Yeah. So I want to bring this full circle. I love this, and was so excited to show this to Jonathan Otto, because his Covenom-19 documentary, it actually talks about Fort Detrick, Maryland, back in the 70's and 80's, and the use of biological weapons that includes venoms. This is very specific. This Paul Reid guy was paid for 3 years to actually, for the government, manufacture snake venom in bacteria yeast systems for large scale vaccine production.

Now, 2010... So that was from 1993 to 1996. In 2010, this guy secures a patent. This is his patent. At the top you will see the company's name is Receptopharm Incorporated. He created that company and founded it. It has since been sold to another company called Nutrapharm. All right. So Receptopharm, this invention is credited to Laurence N. Raymond and Paul F. Reid on July 20th, 2010.

What's the patent our United States government granted him? Read the first line: "Detoxified cobra venom and its constituent neurotoxins have been reported to have potent antiviral activity."

Next, let's read the blue part. I'm going to take you through this. "Cobratoxin also has the potential application to act as a method to protect individuals from contagious infectious agents, as a substitute for antiviral vaccines."

This is in 2010. The same guy that we paid 20 years earlier to actually manufacture snake venom derived venom, to be made into large scale vaccines. He now secured a patent from our government 2010, for this to actually become a real product on the market.

Now I find this interesting. Ealy, I would just like to ask you, have you ever thought in your life that venom would be researched, from snakes, as a potential therapeutic to stop people from spreading contagious infectious diseases?

Dr. Henry Ealy:
You know, you cannot use something that you know injures the cell and call it a therapy. It doesn't work that way. If it hurts the cell, if it injures tissues of the body, which we know snake venom does, in a lethal small dose, then you cannot consider that to be therapeutic.

So if they were going to be studying something like this, Dr. Ardis, what I would say is, if it was studying it from a homeopathic perspective, potentially, I could see them taking something that was very toxic to the human body, and then titrating it down so it's below

Avogadro's number, and then maybe there's some energy signature that can be effective.

But in a direct thing where you have large scale production for vaccines, and using taxpayer dollars, and when you start seeing this kind of stuff, this starts to look like a plan.

And I have a question for you, and I don't know if you've come across this in your research or not, but have you seen Ralph Baric's name in implicated in any of this? Because my understanding was that he was at Fort Detrick as well. Have you seen anything on that?

Dr. Bryan Ardis:
Every single research study that I look at with venom and antiviral vaccine production, I haven't seen his name at all come up. But in venom research I have seen it. But not in relationship to anything we're discussing here. I still haven't seen it. I've been looking for it, but I do think he's implicated, and we'll get to it.

There's other people I'm looking for also by name inside of these studies. I won't mention here, but once I find him, I'll tell you. Because the world needs to know.

Dr. Henry Ealy:
This is crazy. This is crazy. This is crazy. When you're researching this, Dr. Ardis, do you find this just to be crazy? What you're coming across, the connection of these dots that you're putting together here.

Dr. Bryan Ardis:
Ealy, my entire world is blown every day. I cannot believe this is what people are doing behind the scenes, to actually perpetrate and push a toxic venom, the most evolved toxin in nature. They're finding out a way, or trying to figure out a way, to make it therapeutic. I don't understand this. It drives me crazy.

Ealy, of all the childhood vaccines that now are being pushed from the day children are born, how many of those childhood vaccines, teenage vaccines, and adult vaccines are directed against viruses? How many of them are antiviral vaccines?

Dr. Henry Ealy:
I'd have to go look at the vaccine media and excipient summary that the CDC and the FDA published. I'd have to go look at the current childhood schedule, which seems to add something new every day without any significant relevance. But the last count that

we had was, I believe, 86 total inoculations from birth until 18 years of age. And the vast majority of them are for viral, or considered viral inoculations against viral infection.

Dr. Bryan Ardis:
Yeah, this is my concern. The moment your child is born in America, the first 24 hours, they tell you you need to inject your child with an antiviral hepatitis B virus vaccine. And then it's polio vaccines and flu shots, which is other viruses, measles virus, rubella virus, polio virus. They're all viruses, the majority of them.

They're actually studying 24/7, and have for decades, how to use venom from all kinds of creatures as solutions and substitutes for antiviral vaccines. Please, for the love of God, do not vaccinate another human being ever in your life, including children. You don't know if there's venom in there or not, but this is what they're looking at.

So I want to take you guys through this patent. This patent, I believe Dr. Ealy can help you and help me figure out how to help people, because they disclose a lot of info in here. So here we go. Let me take you through this.

Number one, it says here, what's claimed in this patent, and this is directly off of the patent. "It is a method of treating infection by an influenza virus in an animal subject."

Okay, let's just stop there. Number one, Ealy, is there anything in a naturopathic doctor's mindset or toolbox that is proven to be successful against the influenza virus that's not cobra venom?

Dr. Henry Ealy:
Yeah, so much. Vitamin A, Vitamin C, Vitamin D3. We have a whole slew of natural botanical medicines. Astragalus root comes to mind, elderberry comes to mind.

And then there's that innate thing that God gave us called autophagocytosis. You know when you get sick and you don't feel like eating anything? There's a reason for that, because your body is going into autophagocytosis to envelop the viral particles and the viral replicants and isolate them, so that proteolytic enzymes, or I should say, lysosomal activity within the cell can break it down. It's divine design.

We have more than we could possibly need to deal with influenza in the natural pharmacopeia. Okay, please.

Dr. Bryan Ardis:

Well, now you're learning that there's patents awarded to people who are suggesting king cobra venom for influenza virus, which is pretty insane.

Dr. Henry Ealy:
It's so insane to think that, hey, here's this thing that's lethal. Let's go ahead and study it and see if we can turn it into a therapeutic and make a lot of money off of it. Please.

Dr. Bryan Ardis:
Look, it's so crazy. So I've highlighted topics here. I just wanted to throw it out there, because you and I see things extremely different. This looks totally insane, because we already know and have trust and faith in nature, and have used it clinically to watch people heal from things as simple as the influenza virus. You never needed venom to be a antidote to a flu virus. That's so crazy.

All right, so I want to take you through this, because this is what scientists and Paul F. Reid, how they view us. Ready? So, "The method for treating infection by an influenza virus is an animal subject." And then it says, "By administering to the subject active oxidized alpha-cobratoxin or alpha-cobrotoxin protein."

And then it says, "the method of claim number 2, wherein the composition is administered by subcutaneous or intramuscular injection."

So, they're gonna treat an animal for influenza virus by injecting you with cobra venom. And then read this. This is crazy, Ealy, to me. "The method of claim number 1," which was, "a method of treating infection of the influenza virus in an animal subject." It says the method of claim number 1 is where the subject is a human.

But that's not what they called you up here. Look at this. They called you an animal subject. Isn't that funny? If we're going to treat the influenza virus in an animal subject, and by animal subject we mean human. Isn't that odd to you? It's odd to me. I thought that was odd, that they threw that in there. All right.

Dr. Henry Ealy:
And they're trying to bypass also, by saying this, they're trying to bypass- You cannot experiment in this way on humans without incredible informed consent. And how does something like this even pass IRB?

Dr. Bryan Ardis:
So I wanna tell you what it is they have isolated. So method claim number 1, they're going to inject a protein is alpha-cobratoxin, which is isolated from the venom of the

Naja kaouthia snake. Well, I didn't know what that was. I got to look it up. Naja always means king cobra, but I didn't know what kaouthia was. This is what it is. It's this beautiful crazy snake.

All right, next one. There's another protein called alpha-cobrotoxin, with an "O", isolated from the venom of the Naja nivea. So now they're proposing that this bad boy and its venoms should be used to treat flu virus in patients. And this is going to be disgusting, but I'm going to show you in this patent…

Dr. Henry Ealy:
Hold on, Dr. Ardis. Look around that snake. Do you see what's around that snake? Those are natural herbs that typically deal with the snake venom. Whenever there's a snake in a region, there's always the natural herbs that God has given to deal with that venom. I bet you what you're seeing in that picture, if it's in its natural habitat, I bet you what you're seeing is the actual remedy.

Dr. Bryan Ardis:
I bet it is. And just so you know, the very last few slides of this presentation are the plants that are proven to negate these venoms. Just so you know.

Dr. Henry Ealy:
Oh cool. Cool.

Dr. Bryan Ardis:
So I just want you guys to see, these are the animals they're isolating venoms from, and now have been given patents to inject into people. Ealy, I'm gonna show you, it says in this patent that cobratoxin should be used in the elderly population and the infant population. That's what it says in here.

Insane. All right. So here we go. "The present invention relates to a class of proteins and a method for stimulating the immune system." Well, if you inject a venom into the body, of course the immune system's gonna react.

"Especially," though, "to the prevention and treatment of diseases such as viral, bacterial and parasitic infections through the stimulation of the innate immune system reaction. The composition is comprised of a modified elapid venoms containing anticholinergic alpha-neurotoxins."

Elapids are what family of snakes king cobras come from. So I just want you to know, they're explaining to you, "We're suggesting the invention will cause an immune reaction, which is going to be beneficial against viral, bacterial and parasitic infections."

As if we don't have things like dandelion root already, or quercetin, or wormwood for parasites already. And we don't have HCQ and ivermectin, which are safer alternatives than venom. Weirdos.

Okay. All right. "A basis-" I'm going to read this to you, because this opens up for you how long they've been doing this. "A basis of Sanders' invention was the discovery that such neurotropic snake venom in an essentially non-toxic state also could block or interfere with invading pathogenic bacteria, viruses or proteins which have potentially deleterious functions."

Okay. So this person named Sanders was doing research to detoxify venom and then said, "Hey, I think this might stop the invasion of bacteria viruses into cells." This study was from 1948.

Dr. Henry Ealy:
1948, the same year that the World Health Organization adopts the cult of Asclepius symbol into their logo pattern. The same year that - this is now right after the end of World War II - we start getting into the Nuremberg Trials. And now the people that funded the Nazis actually are moving into the United Nations, and into the World Health Assembly at that point, instead of being held accountable for what they did in funding Hitler.

Dr. Bryan Ardis:
I love your input. All right, let's read this next sentence. "Thus, the snake venom used in producing the composition for this cobratoxin injection was a neurotoxic venom, i.e., causing death through neuromuscular blockade."

Can you believe they even say this? "The snake venom we're using and producing for this patent, for an antiviral vaccine against the flu virus, is from a neurotoxic venom, i.e., it causes death through neuromuscular blockade." I don't think we should be injecting this into people.

Dr. Henry Ealy:
We shouldn't. But let me- Because we have to get historical here. So when you go into Taber's Medical Dictionary, allopathic medicine, which is the modern MD, allopathic medicine, is defined as the art of cure by attempting to replace one morbid condition for

another morbid condition. So what are they looking at? They're always looking at mercury, and all these other things.

What they call people like me and you, Dr. Ardis–quacks. But "quacks" comes from quacksalber, which was mercury, and that's what the original allopaths were called. And that's what's going on here, when you look at this, and you see that they first say in the previous sentence that it was a non-toxic state, right? And then in the next sentence it says, "The snake venom used in producing the composition was a neurotoxic venom."

Which is it? Is it non-toxic or is it neurotoxic? Because those are very different things. And if it's blocking--a neuromuscular blockade--that's gonna be because it is interfering with the acetylcholine receptors on the nervous- And that's our body's most predominant neurotransmitter, is acetylcholine.

So this is what they did with pesticides, Dr. Ardis. Most pesticides are acetylcholinesterase inhibitors, meaning they get in the way of the recycling of acetylcholine. So this is just- All they're trying to do is poison in a different way and with a different lethality, but they're attacking a very sacred tissue, which is our nervous system.

Dr. Bryan Ardis:
"As the dosages of venom required to block the nerve cell receptors would've been far more than sufficient to quickly kill the patient, it was imperative that the venom be detoxified."

And this is where I want your input, Ealy, because I'm gonna show you what they talk about in their lab settings, where they try to detoxify the venom without destroying the venom. All right. So it says here, The detoxified but undenatured venom was referred to as being neurotropic." Neurotropic venom. Oh my goodness. All right, so here we go.

"While various detoxification procedures were known then to the art of snake venom antiviral production, such as treatment with formaldehyde, fluorescein dyes, ultraviolet light, ozone, or heat, it was preferred that gentle oxygenation at relatively low temperatures be practiced, although the particular detoxification procedure was not defined as critical."

Read this next one. "Sanders employed a modified Boquet detoxification procedure using hydrogen peroxide outlined below."

Dr. Henry Ealy:

Bam. It's big, man. That's big. So what they're talking about here is essentially the use of hyperbaric oxygen therapy to detoxify, which we know is gonna increase mitochondrial energy production. And as a byproduct of mitochondrial energy production, ATP, you get a temporary molecule.

One of the end products of energy production in the electron transport chain of mitochondria is actually water. But before water is created, it actually creates hydrogen peroxide. So when energy production goes up, hydrogen peroxide goes up, and when hydrogen peroxide goes up, now you have a chemoattractant for the immune system. That's what actually drives the immune system to know where to go, wherever there's a lot of accumulating hydrogen peroxide.

Dr. Bryan Ardis:
Yeah. So one of the things I've reached out to you the other day, when I show you this info, they're telling you that in a lab setting, they're able to detoxify venoms of snakes with hydrogen peroxide. And they're going to tell you in this, that is their preferred method to detoxify venom before they inject it inside of you.

(23:42)
So, it keeps coming up over and over and over, that the hydrogen peroxide detoxification procedure is what they want. So I am 100% on board, that however we can get more hydrogen peroxide into the body, or get the body to manufacture it, which is why I want other people's help. How do we do this? What do we feed the body? What do we put into the body to actually get it to do this? It will, on its own I have to trust that God's immunity that he put into us will know how to use hydrogen peroxide, which it manufactures on its own. It does that already. How can we maximize that to actually help save lives around the world?

(24:17)
So I want to continue here. "Haast employed a native unmodified venom fraction, the administration of which was reported to cause quite extensive pain for 1 to 2 days post administration of cobra venom, resulting often in short therapeutic periods, even if the reported effects were quite dramatic."

(24:36)
I don't think I want to be injecting venom to people.

(24:38)

"Vague claims to stimulating the immune system were made without a clear mechanism." Yeah, I'm sure y'all don't know. "Relating that a strong reaction to the injection of the venom mixture was indicative of a good therapeutic response."

(24:53)
This is about as insane as you can get.

(24:55)
All right, Ealy, you may know this. I know this. Most people don't know this, that the CDC, when you're manufacturing a vaccine, they don't require, the CDC, does not require manufacturers of vaccines to prove that their vaccine helps to kill a virus, or defend the body against a bacteria virus they're claiming to treat. What the CDC requires is proof that when they inject their supposed vaccine they're proposing, or clinically trying, when they inject it into somebody, does it create an immune reaction at the site of injection?

(25:35)
This is why they throw aluminum, mercury, other animal cells, abortal fetal cells, and inject it into you. Because the more toxins and foreign agents they can inject into your body, your body's going to immediately respond by sending white blood cells and a whole bunch of antibodies to prevent damage from those things. That's all they have to prove.

(25:54)
Here you're seeing, it says, "It's very vague. We know that it stimulates the immune system." Henry Ealy, can you please explain to the human beings on the earth that if you poison the body, you're gonna get an immune reaction?

Dr. Henry Ealy (26:08):
Well, I think that just stands for reason, right? Because the immune system is going to try and preserve life. So if you're putting a poison into the body, no matter what it is, you're going to mount an immune response. That's the way the body's supposed to work.

(26:22)
Can I read you something here, Dr. Ardis, on hydrogen peroxide therapy?

Dr. Bryan Ardis (26:27):
Absolutely.

Dr. Henry Ealy (26:27):
This is going to come out of *Healing With Whole Foods* by Paul Pitchford. And this has been out for a long time. This was actually one of the first nutrition books I'm talking about, I've read, when I was getting into nutrition. And he references Dr. Max Gerson, who was vilified in this country for healing a cancer. And of course his daughter, Charlotte Gerson, becomes the head of the Gerson Institute. They use hydrogen peroxide therapy.

(26:54)
And truth be told, guess who uses hydrogen peroxide therapy a lot? Most old school veterinarians. They add a little food grade hydrogen peroxide to the water of the animals, and that helps deal with all the parasitic infections. It deals with yeast, it deals with viruses, it deals with bacterial.

(27:12)
This is what they say here according to another doctor, Dr. Kurt Donsbach. And he says, "35% food grade hydrogen peroxide is by far the best agent for the destruction of yeast and fungal colonies that I know of. Intravenous infusion of hydrogen peroxide has proven to be one of the most dynamic," or, excuse me, "one of the most dramatic healing agents I have ever witnessed, specifically for systemic candidiasis patients. You will find allergies disappearing in 5 to 10 days, and a total clearance of the yeast in 21 to 28 days."

(27:48)
So what we do know is that at least old school doctors have used oral applications, they're saying here, of hydrogen peroxide, food grade 35% hydrogen peroxide, as a therapeutic, and also intravenous, and of course, external applications.

Dr. Henry Ealy (28:03):
And also intravenous and of course, external applications as well. Again, this is in Paul Pitchford's *Healing with Whole Foods*, so we might have a solution with 35% food grade hydrogen peroxide, in a dilution, that we can administer to people safely or recommend with safety. And it's something I'll be exploring and doing some more research on. But I think you're onto something major right here.

Dr. Bryan Ardis (28:24):
Dr. Ealy, thank you so much for even knowing about that book and providing that reference. I don't own that one, so this is brilliant, this is exactly why I wanted to share this info. I want to read right below the blue highlighted area. It reads, "The production of the drug product by Dr. M. Sanders," which is using king cobra venom, "was achieved

using hydrogen peroxide as the oxidizing agent in addition to other components, giving rise to the recipe he employed over 30 years." And you'll see these research studies from 1975, 1978. We're talking 50 years ago, they were working on this stuff. Now it says here, "Several techniques have developed for modifying neurotoxins," changing how deadly they are. "These have included hydrogen peroxide, ozone, performic acid, iodoacetamide and iodoacetic acids." Now you two, I don't really know a lot about the last three at all, but it would be great to show people this stuff and go, they know this stuff works, where do we find this stuff? And where is it? I'll do research into that.

Dr. Henry Ealy (29:28):
Dr. Ardis, forgive me for interrupting. This is where Dr. Group has been all over this. The iodo is gonna be iodine. So what Dr. Group has been doing and talking about is- And he couldn't explain it earlier, when we were talking in 2020, but he said he's been using liquid iodine on patients and it's been very, very successful in helping, and I guess what he figured out, just by observation, was it's been very helpful in neutralizing a venom or molecularly close to identical venom, that what you're suggesting here has been manufactured and injected, and that's what the spike, I'm assuming, the spike glycoprotein is what you're proposing here. But that would make sense. That would make sense.

(30:16)
So if we are talking about this, what did we just learn? Two amazing things. Food grade 35% hydrogen peroxide in the correct dilution and the correct application can be therapeutic, as well as increasing mitochondrial energy production to produce hydrogen peroxide naturally. But also adding in iodine because iodoacetamide, I would assume, is an iodine with an acetyl group, and I would– So it's gonna be impacting, my assumption right now and I could be wrong about this, it's gonna be impacting the Krebs cycle in the mitochondrial energy production cascade.

Dr. Bryan Ardis (30:59):
I love it. I really just haven't had time to go look into all of those and figure out where we can get those in nature, where we can utilize those. But this is exactly what you're talking about. Iodine has been proposed by Dr. Group and many others, and it can have obvious benefits to individuals. Even with envenomation, they're talking about its impact on venom. And just so you mentioned also, the glycoprotein structure. Glycoproteins, as we've identified the spike protein most likely is, glycoproteins are actually what venom peptides are identified to be. Glycoproteins. And you're exactly right. And you'll see here, some of these procedures have been published and other patented, right after the blue highlighted sentence. "Some of these procedures have been published and others

patented, but obviously some procedures are easier than others to utilize, and the focus for commercial production has been on the simpler methods."

(31:52)
I guarantee this is why they're using hydrogen peroxide. How cheap and how much is available? Hydrogen peroxide in the world? A ton of it. It's used all over the place. So this would be a very simple, easy, cheap-

Jonathan Otto (32:07):
Oh, I was just gonna say, I wonder if it has a similar mechanism of action as chlorine dioxide?

Dr. Bryan Ardis (32:13):
Very well could, yeah. Very true-

Jonathan Otto (32:14):
Hydrogen peroxide, chlorine dioxide, they obviously are different substances. Henry, you'd probably be able to discern that a little bit.

Dr. Henry Ealy (32:21):
Well that's the thing, when you get into the cellular biochemistry, Jonathan, you'll see that there's 20, 30 different roles that they have. So, we do know that hydrogen peroxide plays an instrumental role as a chemoattractant for immune cells. So that would be one thing, and that would explain why if the body is attempting to create its own hydrogen peroxide, to break down larger clots, that will draw a lot of immune cells to try to break down the clots. And when you bring a lot of immune cells to an area and they start to get into their lysosomal activity, you are releasing a lot of, basically proteolytic enzymes, potentially, and when that happens, you can have surrounding collateral damage, especially to blood vessels, and that's where you can lead to a weakening of the blood vessel, an aortic dissection, different things like that. Some of the weird inexplicable, supposedly, pathologies that we're talking about. If we understand what's going on at the cell level, all of it becomes more explicable and it might be what's being explained is uncomfortable for a lot of people to hear.

Jonathan Otto (33:25):
Exactly. And I think that there's also potentially here an overlap with urokinase as well, in terms of, potentially with the function.

Dr. Henry Ealy (33:33):

Well, we do know, Jonathan, and Dr. Ardis, I was sharing this with you. We were talking about it back and forth, getting all excited about it and everything. Plasminogen is going to be a part of every fibrin thread, which is going to make up the clots. And what happens with activation, because the question becomes, well how does the body know when to break down a blood clot, right? Well, it activates plasminogen into a proteolytic enzyme plasmin, and the thing that activates plasminogen into a proteolytic enzyme plasmin to break down the blood clot, is L-arginine and L-valine, two amino acids, but also, Jonathan, urokinase. And urokinase activates that, so that's where urotherapy does start looking like a potential solution, even if it's just a temporary bandaid for people, a therapeutic that's going to help minimize the clotting cascade and assist the body in breaking down existing clots.

Dr. Bryan Ardis (34:32):
Y'all are gonna freak out towards the end of this.

Dr. Henry Ealy (34:34):
Okay.

Jonathan Otto (34:38):
Keep going Dr. A. Let's hear it, let's hear it.

Dr. Henry Ealy (34:39):
Yeah, let's hear it. Let's go.

Dr. Bryan Ardis (34:41):
It's so much fun to hear us talk about things based in nature and how the body works, and then I'm gonna show you all of it, how it relates to snake venom production of drugs. I'm going to show you, it's so incredible. The same principles that you guys are discussing are exactly what they are proposing venom will do in the human body to help treat everything from infections to cancers. I'm not joking, I'll show you. All right, so the summary of this invention, cobra venom, used as antiviral vaccines. "It is a principle object of this invention to provide a method for preventing and treating infectious diseases such as colds and flu, bacterial and parasitic infections and the like." Who in the world ever thought that common colds, they would propose, you could treat with king cobra venom? It's just the most weird thing ever. I don't get it. "In accordance with a principal aspect of the present invention a modified and detoxified cobra venom and neurotoxin," brain toxins, nerve toxins, "purified therefrom suitably detoxified can prevent the onset and suppress the continued development of infections in healthy individuals."

Dr. Henry Ealy (35:54):
This is insanity. This is insanity, to have a thought like this.

Dr. Bryan Ardis (36:01):
Yes, it is.

Dr. Henry Ealy (36:01):
For a simple cold, a simple flu, we are going to study cobra venom as a therapeutic? Dr. Ardis, this is the cult of Asclepius.

Jonathan Otto (36:17):
Exactly.

Dr. Henry Ealy (36:18):
This is that Greek cult. These are the priestess who have this reverence for the snake and the venoms being sacred, and potentially leading humanity into immortality. Why? Because they have no faith. They're afraid to die. And this is ridiculous. And when you're afraid to die, it creates stupid thoughts like this, like, hey, let's go... You know that snake that could bite you and everybody's scared of, and if it bites you, you could die within seconds? Let's go study that venom because I bet you it could prevent a common cold. That chicken soup, the thing that we give people, it can prevent a common cold. Are you kidding me?

Dr. Bryan Ardis (36:55):
It's insane.

Dr. Henry Ealy (36:56):
This is insane.

Dr. Bryan Ardis (36:56):
Yeah, yeah. I'm not kidding. It is insane.

Jonathan Otto (36:57):
Yeah, exactly. And I think it's just one of these things where we have to just start realizing that there was never an intent to actually have a therapeutic use of it, it's just something- it's a reason to get this into us. For example, COVID was released because we weren't scared enough of the flu and we weren't having the uptake rate on the flu shot, so this all had to happen this way, and they are trying to poison us. And you're right, it is in the medical symbol, it is about envenomate, it is about poisoning us with the best of what nature has to offer. Because it's devolved, it's evolved, well devolved, fallen

further from the original plan, and it poisons us. And they need a reason that we would believe in, something that we would be afraid of. And yeah, flu might be just that reason. But yeah, continue, Dr. Ardis.

Dr. Henry Ealy (37:45):
Can I jump in real quick, Dr. Ardis, and just give you a huge high five for doing this research and just being a pit bull when it comes to getting down to the answers? I just got to say again, I'm so glad that you just said, I don't give a damn what anybody thinks about me or what I'm saying, I'm going to be in pursuit of the truth. And that's why I'm here standing alongside you, brother, because this is phenomenal research that you've pulled up here.

Dr. Bryan Ardis (38:14):
Well, thank you very much and you're very welcome. I love you both for your continued support. Even, like you've said, Dr. Ealy, even in the very beginning it was very shocking, the information I brought to the world, that everybody needs to look at venom in correlation to COVID and the shots. You openly said you've dismissed it right out of the gate, but as you sit with it and start researching, and then look at it... Oh my God. If you'll just look, everything that's being reported about COVID-19 and the injuries, everything in research, is directly correlated exactly to what venom does in the human body. I just didn't know, and the rest of the world was oblivious and not allowed to know that, man, they've been researching venoms as solutions to antiviral problems, and you're going to even see it in this patent, Dr. Ealy.

(39:04)
This is 2010. It actually states in here, and I can't wait to get to it, it says, "This cobratoxin vaccine should be manufactured on a large scale to prevent flu-like pandemics." That's what it says, in this patent. They've been preparing for this nonstop. Alright. So let me continue, because I don't want to get too far away from this. Alright. Because there's going to be stuff, and Ealy, every time you talk in this presentation, I would love for you to say cult of Asclepius and the cult of snakes. Keep saying it, because you're gonna love what I show you later.

(39:38)
Alright. "Cobra Venoms are characterized by their neurotoxic activity, which is a result of one or more neurotoxins found in their venom. Alpha-cobratoxins is an anticholinergic neurotoxin found in some cobra venoms. In their native state they are an antagonist of the alpha-nicotinic acetylcholine receptors. Other alpha-neurotoxins have been isolated from related species of snakes," and get this, Ealy, "fish-eating sea snails." Cone snails. Four of them he lists here, "Conus geographus, textilis, imperialis and striatus." Just so

you know, all four of those were found in COVID-19 patients, in the Italy study, all four of those individual cone snail venoms were found there. Also, nicotinic acetylcholine receptor targeting venoms. Now look at this. I just showed you the spike proteins isolated by the French researchers. I showed the graphic. Now look at this reference. "Cobratoxin and alpha-bungarotoxin," from the krait snake, this is 2010, "have the highest affinity for nicotinic acetylcholine receptors containing the alpha 1 and 7 subunits. The toxicity of these molecules," cobra venom and bungarotoxin, "is based upon their relative affinity for the receptor which far exceeds that of acetylcholine." And I show this because they know when venom binds to nicotine receptors, acetylcholine will not bind there, it has a higher affinity than acetylcholine. And this is important, only because, lots of people ask me, can I just simply supplement acetylcholine? They know and publish that venom has a higher affinity, sticks with a higher probability, than acetylcholine does, unfortunately. They know that.

Dr. Henry Ealy (41:32):
Dr. Ardis, this explains why some things we were seeing early on, in treating people who were severely injured, we tried to give them lecithin powder with phosphatidylcholine in higher doses, and what they reported was it actually worsened condition and worsened a sense of buzzing in their nervous system. And that would explain why, because of this binding affinity right here. So you got to clear it before you can do that. This is exciting. This is very insightful for clinical application.

Dr. Bryan Ardis (42:04):
I was really hoping you would say that, and I really hope the rest of the world and scientists and medical professionals can look at this info and go, maybe we can now find solutions for these people? What to consider. "Many studies..." it doesn't say few studies, it says many studies. And look at the actual years, 1953, 1977, 1983, 1987, 1989, 1990, "have demonstrated various methods for the chemical modification of cobra venom. This is accomplished by oxidation of the cobratoxin with substances," again they mentioned, "such as hydrogen peroxide, formalin and ozone, which results in alteration in affinity for the acetylcholine receptor and a concomitant loss in toxicity." Oh my god, they actually tell you, they become less and less toxic, these venoms, when you use hydrogen peroxide, formalin, ozone. Oh my god, really? This is amazing. I hope this is helpful.

Dr. Henry Ealy (43:01):
That's it. That's it. It's the 35% food-grade hydrogen peroxide and potential intravenous applications of it as well. Dr. Ardis, this is a key piece to this puzzle, especially for people with neurologic issues resulting from the Pfizer shot. This is fantastic.

Dr. Bryan Ardis (43:20):
This is great. I really love the- I'm so glad you're excited. I was super excited. "As taught by Sanders, removal of the toxicity of cobratoxin can be achieved," again, " by heat, formalin, hydrogen peroxide, performic acid, ozone, or other oxidizing/reducing agents." Like Vitamin C people, and glutathione.

Dr. Henry Ealy (43:40):
There you go. Yep.

Dr. Bryan Ardis (43:40):
Seriously. Those are published inhibitors of venom. They are. And I've already shown the world that stuff. Alright, here we go.

Dr. Henry Ealy (43:46):
One thing- Can I make a quick comment on that?

Dr. Bryan Ardis (43:48):
Sure.

Dr. Henry Ealy (43:49):
Because we did see glutathione intravenously having that same negative impact early on. And so what I've talked to some folks about, is saying, I think what we are seeing there is that people are severely nutrient depleted, so their glutathione levels are too low. And so, what we need to do is slowly build up their glutathione levels with N-acetyl cysteine with glycine and a little bit of glutamine. But slowly build it up during a month, month and a half, 2 months, and then you can start going to stronger applications of glutathione because you will have replenished those levels within the cell structure. But if you just go with too much glutathione too fast, it can be overwhelming from a sensory perspective, for a person who already is dealing with the binding affinity of a potential spike glycoprotein on the acetylcholine receptor.

Dr. Bryan Ardis (44:45):
Yeah.

Dr. Henry Ealy (44:46):
This is crazy cool right now.

Dr. Bryan Ardis (44:48):
This very next statement, Dr. Ealy, I'm hoping people who know more than I do about this statement, can help us also know there are things in nature that are already proven

to do this. Look at this statement, this guy named Tu, in 1973, this researcher "has demonstrated that the curaremimetic alpha neurotoxins of cobras and krait venoms lose their toxicity upon either oxidation or reduction and alkylation of the disulfide bonds which has been confirmed by Hudson et al, 1983." Whatever it is in nature that helps us to reduce or alkylate disulfide bonds, the more, the merrier. I'm sure hydrogen peroxide does it, performic acid, ozone. I'm sure that's why they're using these things. But anything that actually helps to disrupt disulfide bonds is what they're finding helps to reduce the toxicity of venoms.

(45:49)
And then, let's continue here, I want people to understand this. "Cobra venoms are a relatively cheap raw material source." How many people knew that? I didn't, I figured it'd be expensive. Nope, it's very cheap. "Raw material source whose production can be scaled up to meet higher demands." No way. "Parenteral, oral and topical formulations of cobra venom and cobratoxin have been described previously by the above identified authors." Look at that people, he's actually telling you they can either inject it, they can give it to you orally or they can put in a cream and put it on your body and you can still get the cobra venom or cobratoxins into the body for antiviral use. Next sentence. Cobra venom and cobratoxin in their oxidized forms have demonstrated antiviral activities in-vitro and in-vivo," in the body, "against..." listen to this, "against the poliovirus, pseudorabies virus, Semliki Forest virus, herpes simplex 1 virus," cold sores, fever, blisters, anybody? "HIV and rabies virus, viruses without any obvious similarities in structure or infectious pathway."

(46:57)
Is that not amazing? Did y'all know they're researching venoms against all these things? King cobra venom specifically. Can you imagine? You should just let your teenager who's got a cold sore get bit by king cobras, and that will be a herpes simplex virus protection. It's so dumb. All right, "Native cobratoxin and formaldehyde-treated cobratoxin reportedly lack this activity." Just important for people to know. This is when it gets really insane to me, because people need to see and understand what they know. "Recently, cobratoxin, abbreviated MCTX, has been shown to inhibit the replication of HIV in peripheral blood mononuclear cells, PBMCs, suggesting the ability of the protein to influence events within immune cells." Now listen to this... "The mechanism of action was unclear..." They don't know how it was working against HIV, they have no idea. "Save to say that there's no direct effect on the virus whatsoever, and there is an event at the cell surface that renders the cell resistant to viral infection."

(48:11)

Ealy, they're proposing that the venom, when they inject it into HIV people, for example, with HIV, that the venom will bind, the cobratoxin will bind, to nicotinic acetylcholine receptors outside the cell, and because now those receptors have something docked to it, the actual HIV virus now cannot dock to the nicotine receptors, and then it can't get into the cell to cause infection. That's what they're proposing. They know it has no direct effect on the virus. In fact, none of these venoms have an impact on a virus, they just say, we know it binds to the same receptors on the outside of cells, as does viruses. Venom and viruses affect the cells the same. Isn't that odd? So let's just flood the body with venom, so it can't get a viral infection. What do you think is better venom in the body or viruses? I think I would leave venom out.

Dr. Henry Ealy (49:04):
Well, Dr. Ardis, you know what this just screams at me right now? The attempt to cure by replacing one morbid condition for another morbid condition. Now morbid condition, you can't sell the public morbid conditions. They came up with a different word from morbid, and that different word or phrase is called adverse events.

Dr. Bryan Ardis (49:25):
Yep, you're right.

Dr. Henry Ealy (49:25):
Alright or aka side effects.

Dr. Bryan Ardis (49:28):
Side effects, exactly right.

Dr. Henry Ealy (49:31):
Right? They're trying to trick the body to think that it's not poison. They're basically inhibiting the perceptive ability, the proprioreceptive ability, of the nervous system to figure out that the cells have poisons all in them, and because you can't feel it, now you'll get no immunological response, and it'll just seem like, oh, it's nothing. But in fact, what you have in you is a ticking time bomb.

Dr. Bryan Ardis (49:58):
You're exactly right. And Dr. Ealy, this is actually for you, this one slide is only for you.

Dr. Henry Ealy (50:04):
Okay.

Dr. Bryan Ardis (50:05):

They keep talking in this patent about the cobratoxin, bungarotoxin, these venoms bind to nicotinic acetylcholine receptors. They're about to disclose that they know human T-lymphocytes have on its surface nicotine acetylcholine receptors, and venom binds to that, and reduces their ability to fight infections. " Human T-lymphocytes are a major source for acetylcholine." You'll see the dates of the studies... "suggesting a link between the nervous and immune systems. Messenger RNA expression of subunits for both nicotinic acetylcholine receptors, alpha-2 and alpha-7, was identified in human PBMC cells indicating the presence of nicotine receptors on the cell surface."

(50:54)
I want to show you the next. I actually have- I just showed the definition of PBMCs again... "Human peripheral blood mononuclear cells are key components of the body's complex and dynamic immune system." Alright, let's keep going. "Inhibition of concanavalin-A induced T cell proliferation," this is a lectin, a actual venom from a plant, "induced T cell proliferation was blocked by the N-acetylcholine receptors antagonists mecamylamine," which is actually just like what cobra venom and bungarotoxin do. They're antagonists to nicotine receptors. And read this, "And counter-intuitively by the agonist nicotine. Acute nicotine exposure of this venom stimulated mouse splenocytes resulted in a decreased production of IL-10 and also resulted in increased production of interferon gamma."

Dr. Henry Ealy (51:52):
Gamma.

Dr. Bryan Ardis (51:54):
Now read this last sentence. "The formation of E-rosettes, a function of T cells from peripheral blood, and a method used for T cell enumeration..." Making more of them, "is decreased by 30% to 40% by carbamylcholine chloride, a cholinergic antagonist, confirming the expression of nicotine acetylcholine receptors on at least one subset of human T cells." They know nicotine receptors are on T cells. Nicotine receptors are the number one target of cobratoxin and bungarotoxin. And what are we seeing as a reaction to the immune system and their T cells and interferon when it comes to these COVID-19 shots?

Dr. Henry Ealy (52:38):
That's what we're seeing. We're seeing dysregulation of the T cells. We're seeing complete dysregulation of T cells, and that would make sense. I had no idea that there were acetylcholine and nicotinic receptors on the cell surface of T-lymphocytes. I didn't know that-

Dr. Bryan Ardis (52:52):
Neither did I, until I read this patent, Ealy. I was like, oh my God, this is what they know. They know it. It's disgusting.

Jonathan Otto (53:00):
Those nicotinic acetylcholine receptor sites are in a lot of places you wouldn't expect. They're in the heart, they're in the brain, in the testes, the ovaries, not the lungs, right? But they're in these places–

Dr. Henry Ealy (53:15):
They're in the places where we're seeing problems occurring.

Jonathan Otto (53:17):
It's basically you've got a target, all the vulnerable spots, and venom is designed for those targets. It's the most insidious evil type of plan, because if it can hit those receptor sites, it disables everything and- But yeah, we can reverse it through the mechanism here of understanding it.

Dr. Bryan Ardis (53:36):
And this is what they're proposing, Ealy, I'm going to read this next sentence. "These results are also consistent with clinical reports by treated subjects of improved health status and resistance to infections especially of viral origin. The study implies that normal individuals exposed to these products" cobra venom, "will respond through the increased production of innate immunity cytokines, such as interferon gamma, and thereby adopt an antiviral or heightened immune reactivity to infection."

Dr. Henry Ealy (54:10):
That's the mistake.

Dr. Bryan Ardis (54:12):
That is the mistake.

Dr. Henry Ealy (54:13):
That second part- Because yes, we are seeing an increase of innate immunity cytokines, but this is the lie. The lie is the second part where they're talking about 'thereby adopt', and so we will hope or we will believe, because this is a cult, we will hope or we will believe, we will express our faith in this way, that then after all this damage and injury and pollution on the cell surface occurs, that inhibits cell communication and cell function, we're going to thereby adopt an antiviral and heightened immune reactivity to infection. Now my question with this, is typically– Now

there are certain cell receptors, and this is what I'm going to have to go back and study, that once they are triggered, once the substrate comes into the cell surface, the cell receptor, that the receptor retracts within the cell.

(55:07)
And that's what I'm gonna be curious to find out with these on T cell– if we even know it. If this class of nicotinic acetylcholine receptors retracts within to the cell, because if it retracts within to the cell, that's how you get the spike glycoprotein into the cell, and then what you get is mitochondrial injury, and you also get the breakdown of microtubules within the cell, that are essential for all cell communication within the actual cell. And now you have the proposed mechanism, which Stephanie Seneff and Greg Nigh are showing, you have the proposed mechanism for the dysregulation of cell communication and therefore the dysregulation of the entire immune system, which is going to lead to an increase in cancers. And now you have a proposal here for that. This is phenomenal.

Dr. Bryan Ardis (56:03):
In fact, it reads, the study implies that normal individuals exposed to these products, these products in this patent are cobratoxin, Dr. Ealy. It says, "They will respond through the increased production of innate immunity cytokines." Listen, what they found was that the spike proteins were cobratoxin and bungarotoxin. It's telling you in this patent, when you put cobratoxin into a person, they'll respond with increased production of innate immunity cytokines. What was the storm they kept saying COVID-19 patients were having a hard time overcoming? A cytokine storm.

Dr. Henry Ealy (56:36):
Cytokines storms. Because the body knows that there is an inherent lethal toxin within it and it's going to go aggressively to try and eliminate it, and that's where you get a supposed storm. But that storm is even potentiated in a greater sense, when a person is severely nutrient deficient, and that's where we see Vitamin D being deficient, Vitamin C being deficient, Vitamin A and zinc, all of these key nutrients that the CDC has known for 20 years, Americans are deficient in. That's how you get and potentiate a cytokine storm, when you introduce a lethal toxin to the system.

Dr. Bryan Ardis (57:13):
Hey Dr. Ealy, you are absolutely correct. The very next sentence I didn't highlight, but I'm going to read to you right now. You'll see it on the screen. It should be-

Dr. Henry Ealy (57:21):

Can we say, Dr. Ardis- And this is the first time, everyone, I'm seeing this. Alright? This isn't rehearsed.

Dr. Bryan Ardis (57:29):
Very first time. I just want to read this to you because once you see it, you now start to understand what you've been looking at this whole time. Look at this. It says, "It should be noted that similar studies with king cobra venom conducted in people's cells from subjects with an autoimmune disease yielded a different expression profile, which emphasizes the regulatory pathways involved in gene expression." That's their scientific way of saying when we put king cobra venom in healthy people, we had these reactions of the immune system. It heightened the immune reactivity to the infection.

(58:05)
The very next sentence though is, but in diseased people with autoimmune disease, we got a different outcome. That's what it says. Which isn't good. But they don't tell you what the outcome was. They just say it was a different expression profile, which is probably death. And who had worse outcomes of COVID and COVID-19 and the actual vaccines? All those with autoimmune diseases or comorbidities. Alright, now watch this. Read this whole thing out loud, Dr. Ealy, I need you to read this. You've never seen it. Please read it out loud.

Dr. Henry Ealy (58:33):
"Therefore one supposes that the products could be employed within the scope of an infection control and prevention strategy..." What? "...such as is currently adopted for flu season in elderly, immune suppressed, and infant populations. They're talking about making it into a shot. In addition, they could be employed in the therapeutic role in viral infections or in association with standard treatments for bacterial and parasitic infections to affect a more rapid recovery." This is garbage. How can you get to that point from what you're unearthing in this? That's just wishful thinking.

(59:14)
"In viral infections such as influenza, the composition would provide advantages over vaccine-based strategies in that it does not have to be virus or subtype specific and would be readily access accessible during outbreaks. and– " This is nuts. This is nuts. They are jumping- This is a complete belief system here. They have no substance to show that- You just showed that they don't know how it's impacting HIV and that they know it's potentially caustic to T-cells and yet they're going to say this justifies it as a potential solution because we believe it could be."

Dr. Bryan Ardis (59:59):

Ealy, it actually says this is an advantage over vaccine-based strategy because it does not have to be virus specific. This means you can just put cobra venom in there, inject it into anybody and it'll treat all viruses. You don't have to have a-

Dr. Henry Ealy (01:00:14):
Cult of Asclepius.

Dr. Bryan Ardis (01:00:15):
Isn't that crazy? And it says-

Dr. Henry Ealy (01:00:17):
This is nuts.

Dr. Bryan Ardis (01:00:17):
...outbreaks and pandemics, which we're sitting in.

Dr. Henry Ealy (01:00:22):
Specific, so they're saying, "Look, here's what we're going to do. No matter what the outbreak or pandemic is that we create, the solution is going to be cobra venom."

Dr. Bryan Ardis (01:00:30):
Yes.

Dr. Henry Ealy (01:00:31):
The solution is going to be envenomation of people and that's going to magically create this global shield over the person so that no matter what they come in contact with, they're going to withstand the infection, right? Well, we know that isn't true because we see the breakthrough rates on all the people who got the shots, number one. So we know that that theory is garbage here.

(01:00:54)
But then number two, what it does is it just announces to the world, "We are going to make you better by making you worse. We're going to trade one thing that isn't so bad for something that's much worse. And if you die, well, you die. It's not a big deal." This is in- This is scientific heresy that they're doing right now. This is definitive psychopathic- I can't even put into words, Dr. Ardis, how someone reading what you are showing right here could get to this endpoint of thought. The only thought that should have happened in this report is this looks like this could be really bad for people, so we're going to discontinue the exploration of this as a therapeutic. That's the only thing that a report like this should be in terms of summary.

Dr. Bryan Ardis (01:01:41):
And Dr. Ealy, I just want you to know that as you read that out loud to me, do you know what was amazing that hit me for the first time ever? I'm not joking. When you read that this type of cobratoxin vaccine provides advantages over vaccine-based strategies in that it does not have to be virus specific. You just inject venom into people, you don't even know what- You don't have to care what virus you're treating, just inject them.

(01:02:07)
Dr. Ealy, this is the first moment, right now while you read that, where it hit me all of a sudden that this is a technology that would allow four manufacturers of vaccines to create a vaccine for a virus without experimenting to see if it works or not. They actually say, "You can just provide venom into people and it will treat all viruses. You don't have to have a specific vaccine for a virus. They're not virus-specific. It's just venom. It works." Now how did they come up with four companies in 9 months to make four different COVID-19 shots?

Dr. Henry Ealy (01:02:41):
Right. See, this is- And that's where you're getting into with the plan. But Dr. Artis, I got to say, I agree with what you just said right there. They're trying to find a one shot kills all approach here, which they probably have found. But what's interesting here is the wordplay as well on the second to last line, "Would provide advantages over vaccine-based strategies." They're admitting that what they're doing with these COVID shots aren't vaccines.

Dr. Bryan Ardis (01:03:06):
Exactly right. In fact, I'm going to show you, they actually think they can do this without having to inject it inside of you. Watch this. It's in the patent. Ready? "It is envisioned that a subject, a person, may be given cobra venom or cobratoxin as infrequently as every other week. Though it is preferred that the composition be administered at least biweekly." Dr. Ealy, how far apart were the first and second shots for COVID-19?

Dr. Henry Ealy (01:03:34):
14 days.

Dr. Bryan Ardis (01:03:36):
Biweekly. Look at that. Every two weeks. Okay. "The composition may be administered orally, subcutaneously, intramuscularly, or intravenously. Parenterally, either injected subcutaneously or intramuscular injection is preferred." But watch this. "While the correct formulation with benzalkonium chloride will permit oral administration of king

cobra venom through absorption through the oral mucosa (preferably sublingually), this formulation may also permit administration otically." Do you know what that means?

Dr. Henry Ealy (01:04:13):
Eyes?

Dr. Bryan Ardis (01:04:15):
No. Otically is in the ears.

Dr. Henry Ealy (01:04:16):
Ears, ears, ear canal.

Dr. Bryan Ardis (01:04:18):
You can do eardrops of cobra venom into your ear to treat viral infections and they know they can do it and this is how they do it. Watch this. "Furthermore, transdermal delivery may be effective if formulated in an appropriate cream or lotion base using benzalkonium chloride or propylene glycol as a permeation enhancer."

Dr. Henry Ealy (01:04:40):
PEG, there you go. So why not? So we know we can do this topically, but screw it, let's just inject people with PEG, with propylene glycol.

Dr. Bryan Ardis (01:04:47):
And Dr. Ealy, don't they have oral poliovirus vaccines?

Dr. Henry Ealy (01:04:51):
Yes, they do. And those, Bill Gates killed a whole bunch of kids and injured a whole bunch of kids in India about it. And you can go on ABC News-

Jonathan Otto (01:04:58):
It was somewhere, like 50,000.

Dr. Henry Ealy (01:04:59):
Yeah, ABC News even covered it. You can go- They might have taken that page down, but we had screenshots of it.

Dr. Bryan Ardis (01:05:06):
Alright, so this is where it's going to get you more exciting. Ready? I'm just going to show some highlights here real quick. CNN Health: Snake venom is a boon in search for life-saving drugs. This is November, 2020. Researchers try to develop COVID-19

drug using snake venom. Now you understand why this is being pushed. Venom from one of Brazil's largest snakes could reduce COVID'S ability to multiply. Now you know why they think that and why they're looking at it. The Guardian publishes: "Advances in COVID-19 therapies includes snake venom enzyme." Seriously? You people are crazy. "COVID breakthrough as deadly Brazilian snake venom is 75% effective in stopping the virus." Alright, now you know why they're publishing this. "Snake venom can stop COVID-19 from multiplying."

(01:05:47)
"Researchers in Brazil have discovered that a particle in the venom of a jararacussu pit viper venom has the ability to stop the reproduction of coronavirus." Read the quote. "We were able to show this component of snake venom was able to inhibit a very important protein from the virus." Oh really? Okay. "Snake venom-derived bradykinin-potentiating peptides: A promising therapy for COVID-19?" This is why they're doing this. A "$1.5 Billion Anti-venom market - Global Growth, Trends..." They tell you how much money's gonna be made in the venom world. Who's gonna benefit the most? Look at the names from Wall Street. Anti-Venom Market Future Outlook for Merck is great, MicroPharm, great. Pfizer is great. This is in 2021.

(01:06:33)
These people right here at the Texas Children's Hospital Center, "Dr. Peter Hotez and Maria Bottazzi, last month," this year is 2022 for this document, "last month unveiled Corbevax, the world's COVID-19 vaccine". Okay, people, I want you to transpose the R and the B, Dr. Ealy in Corbevax and read it out loud.

Dr. Henry Ealy (01:06:57):
Cobrevax.

Dr. Bryan Ardis (01:06:59):
Cobrevax. All right, here we go. Ready? This is what it looks like. The company that makes it is called Biological E. Limited. These two guys in Texas nominated now for a Nobel Peace Prize–

Dr. Henry Ealy (01:07:12):
This Hotez guy, Jonathan, look at him. And of course, if you put a cherubic, chubby, white guy on TV with, my God, with a stupid bow tie on, he can be believable. He looks like he's telling the truth and it looks like he's so adamantly and so ardently trying to find a solution because he cares about people when it's all about money. It's all about money in the stupid cult of Asclepius.

Dr. Henry Ealy (01:07:49):
Yeah, we can see the Cobrevaccine created by Hotez and this other chick. What got to be going through your heart, your head, if this is your mentality, that you're creating these kind of things? You know what I mean? These are just the worst people in the history of humanity. They have nothing on Cleander and some of the worst people before them, Stalin and all them. These are worse, these people are worse. But if I put on a bow tie, will you believe me, Bryan? So maybe we just put on bow ties. They would believe us, huh?

Dr. Bryan Ardis (01:08:31):
All right, so let me read this to you. So, "Hotez believes that vaccinating the global population is what will eventually allow a return to pre-pandemic life. To that end, and his colleagues have developed a new COVID-19 vaccine called CORBEVAX. The vaccine is unique among existing COVID-19 vaccine that it is a protein sub-unit vaccine, spike protein, that relies on expressing parts of the SARS-CoV2 spike protein in yeast.." Why is this important? Paul F. Reid was paid for by our government from 1993 to 1996 to make an antiviral vaccine from snake venom in yeast.

(01:09:08)
This is the actual genetic engineering I've showed on other shows. They're getting other microorganisms in mammal cells to make venom proteins. This is the whole research. Remember, the sub-unit protein of COVID-19 spike protein is cobratoxin, bungarotoxin. Paul F. Reid, he was paid to do snake venom expression in bacteria and yeast systems, paid for by our government for large scale vaccine production. Here's his vaccine patent. A similar process that's used in the hepatitis B vaccine for the last 40 years. I didn't know they were doing this for 40 years, did you? That's a long time.

Jonathan Otto (01:09:51):
I believe they did lethal dosing with hepatitis B with children. Are you familiar that? Dr. Leonard Horowitz blew the whistle on that. Lethal dosing and they killed children intentionally that were mentally challenged with the hepatitis B shot, I believe in Long Island, New York.

Dr. Bryan Ardis (01:10:09):
And I want to remind everybody that Corbevax, it reads here, "May be more appealing to those concerned by new mRNA technologies. Other advantages include Corbevax's scalability and low cost and easy storage." Why is this important? Look at the bottom of your screen. Paul F. Reid's patent, first thing there highlighted in blue. "Cobra venoms are a relatively cheap raw material source whose production can be scaled up to meet higher demands." They already know this is easy to do. They already published it. They

then say 300 million doses. I wanna introduce you to Biological E's Corbevax. It was not invented by Hotez.

(01:10:48)
"COVID-19 vaccine: Biological E.," this is India News, "Corbevax gets the EUA for use in 12 to 18-year-old age group." Watch this, read this. I cannot believe it. Biological E's vaccine manufacturer on Monday received emergency use authorization from India's drug regulator for their COVID-19 vaccine for 12-to-18-year-olds. The Drugs Controller General of India, their FDA, had already approved Corbevax for restricted use in emergency situation among adults, Dr. Ealy, on December 28, 2019, before the pandemic was even declared.

Dr. Henry Ealy (01:11:27):
How do you have something ready before anybody knows what this is? If this isn't planned.

Dr. Bryan Ardis (01:11:35):
Is that not insane? This is so insane.

Dr. Henry Ealy (01:11:35):
It's right there.

Dr. Bryan Ardis (01:11:36):
It's right there. This is before the pandemic even started. And India's FDA already authorized this to be used and administered. Now listen to this. Dr. Hotez says, "'Instead of relying on multinational companies, we should be 'empowering vaccine producers, especially on the African continent,' said Hotez. This will help Africa become self-sufficient in vaccine production--an important step towards overcoming COVID-19 and more regional pandemics like Rift Valley Fever and Malaria." I thought we already had hydroxychloroquine. "There is hope too, that the technology for Corbevax can be adapted for other diseases--particularly those countries and regions in the poor world." Why do you want to kill them or something?

(01:12:20)
Okay, I want you to remember Paul F. Reid's patent reads down there. "We want this and it can be easily accessible during outbreaks and pandemics." That's what the guy's saying right now. The company that makes Corbevax, What does India's Biological E Manufacture? I'm sure this is just coincidental, don't you, Dr. Ealy? This is their catalog. They manufacture snake venom and snake venom antivenom from king cobra venom. They also manufacture antivenom from common krait venom. And this company,

Biological E. in India, has created Cobrevax, or as they like you to read it, Corbevax. Ask me if I find this ironic that the company that makes antivenom from cobra venom and krait venom has an antidote to COVID-19's cobra venom and bungarotoxin venom from krait snakes. They were the first on earth to have a COVID-19 vaccine, called Corbevax.

Dr. Henry Ealy (01:13:23):
In December of 2019.

Dr. Bryan Ardis (01:13:25):
In December of 2019. Corbevax.

Dr. Henry Ealy (01:13:28):
Right. So what's crazy about all this, Dr. Ardis, is all of it. But what's crazy is this, because I like to keep things simple. If it walks like a duck and it talks like a duck, it's a duck. There's no way all of those coincidences that you're showing right here just happened to show up. And now let's have Hotez, who of course, is a shill for the pharmaceutical industry. Let's have him claim that he's the one that came up with it. BS. It was already developed in 2019 in India. So you're a liar on top of being a liar. I don't know what that means. I can't trust people in bow ties anymore.

(01:14:04)
But what it takes me back to, Dr. Ardis, is the story of Cleander. Cleander is a freed slave. He's basically working for Commodus as a key advisor and he tries to overthrow Commodus during the Roman Empire. He tries to do this by stealing all the grain that's supposed to be coming in from Egypt and keeping it from the people so that plagues start outbreak. Because the Romans even understood that people who have good nutrient availability don't get sick. So that's why you had to get your daily bread. You get your daily bread, you get your nutrients, your minerals, your B complex, your vitamins, all this great stuff. And guess what? Now you don't get sick. There's no plague.

(01:14:45)
So Cleander keeps this from the people and tries to blame Commodus for it with the people, right? Nope. People ultimately find out--because as Joseph Goebbels with the Nazis find out--the truth always comes out. And people usually respond when they find out they've been lied to on a scale like this pretty poorly, especially when they realize these poisons have been pumped into them. This is just– I can't wait for this new story of Cleander to happen to Hotez and Fauci and to all these CEOs of these companies and whoever's involved because we got to tear this whole thing down. This is not

medicine, folks. Poisoning the human body is not medicine. You can't identify as being healthy when you're dead.

Dr. Bryan Ardis (01:15:34):
Nope. And Dr. Ealy, I just want you to know that I loved the text you sent out the other day about the history of Pharmakeia, what separates naturopathic doctors from allopathic doctors. Here's where– When I said, "I want you to keep bringing up the cult of Asclepius," this is why. You ready? I couldn't believe this. I can't believe I found this right after you texted me. You ready? Remember this guy? Paul F. Reid, who owns Celtic Biotech? I have to show you something. Ready?

Dr. Henry Ealy (01:16:05):
Yeah.

Dr. Bryan Ardis (01:16:06):
Watch this. I'm going to go to the internet. I need to show you his Celtic Biotech. Watch this. You're going to love it. You're going to freak out about it. Here we go. At least I'm hoping so. Here we go. This is Celtic Biotech. Can you see it on the screen?

Dr. Henry Ealy (01:16:22):
Yes, we can.

Dr. Bryan Ardis (01:16:23):
Great. All right. Now this is the team. You ready? Here's the team. Let's show you the team. It's made up of two people, Paul Reid and John Reid, his brother, okay? Here they are. Let's go to Q&A. I went over this yesterday, I found this, Ealy. Couldn't believe it. All right, so notice, Celtic Biotech and its logo. I said earlier, do you see that? Imagine my shock to see that under frequently asked questions on Celtic Biotech, this snake venom antiviral vaccine patent owner, I couldn't believe that the first question is, "Where did the Celtic Biotech logo come from?" And I was like, "Well, we should read it." You should read that out loud, Dr. Henry Ealy.

Dr. Henry Ealy (01:17:05):
"The Celtic Biotech logo is based a combination of three symbols." So they clearly don't have somebody doing grammar checks on them. "The staff with the snake has long been a symbol of medicine and the medical profession. It originates from the story of Asclepius, who was revered by the ancient Greeks as a god of healing and whose cult involved the use of snakes." That sentence, Dr. Ardis, is the exact same sentence that is on the World Health Organization's website today. It's verbatim the exact same sentence.

(01:17:39)
"The Celts also revered the snake, traditionally associated with healing, regeneration, and rebirth." I'm not so sure about that. I'd have to study more on that. "Many Celtic healers appear with snakes." Is that why they drove the snakes out of Ireland? I don't know. "Many Celtic healers appear with snakes, often associated with water, rivers, and curative spirits." So now we're into paganism here. Thanks. All right.

(01:18:05)
"The serpent represents the cyclic nature of life due to the annual shedding of its skin." That's the cult of Asclepius. That's their belief system and they believe that the snake held the key for immortality.

Dr. Bryan Ardis (01:18:19):
Oh, you'll see.

Dr. Henry Ealy (01:18:20):
"It is a symbol of rebirth, shedding its old skin and reemerging in the spring from winter's hibernation, seemingly immortal." There you go, because everybody's afraid to die. "The Celtic knot also symbolizes the cyclic nature of life with its symbol pattern of a looped knot that has no start and no finish. The looped pattern goes on infinity..." Who wrote this? Can we get a grammar checker in here? "Symbolizing the eternity of life. Can you spot the third symbol?" Holy crap. Okay, what's the third symbol?

Dr. Bryan Ardis (01:18:57):
Well, you'll see it here.

Dr. Henry Ealy (01:18:57):
Let's look at this again.

Dr. Bryan Ardis (01:18:59):
So if I show you-

Dr. Henry Ealy (01:19:00):
Can you magnify?

Dr. Bryan Ardis (01:19:02):
I can magnify it on my keynote here. Hold on. Anyway, when I read that, I was like, "Oh my God, this is like Henry Ealy's text to us the other day. Holy cow."

Dr. Henry Ealy (01:19:12):
This is a cult. And I keep saying the word cult because they admit that it's a cult. A cult means that- The cult of Asclepius, for everybody listening, is a Greek cult that comes up. And Asclepius is a supposed Greek god that Zeus kills because he had the key apparently to making sure that humans can be immortal. So Hades got pissed off and said, "I'm not going to have any souls for hell. So Zeus, you got to kill him." So Zeus kills him. This is the mythology. But when you look at Asclepius, Asclepius, if I'm pronouncing it right, who knows, and I don't really care. But Asclepius means to cut open. So what they were doing at these temples was they were performing ritual sacrifices and they were performing a lot of surgeries. So when you see that snake and the staff, it has nothing to do with Moses and the Pharaohs, it has everything to do with cutting things open.

(01:20:07)
Now the cult of Asclepius, at their temples, apparently what they would do is they would never allow pregnant woman there because no birth could happen. And they would never allow elderly people into the temple grounds for treatment because they said, "No one can be born here and no one can die here." So when somebody did die from all of their nonsense that they were doing, cutting people open and things like that, they just took them away and discarded the body and the person, or they threw it- And this is me extrapolating what I've been researching, Dr. Ardis, they threw it down a snake pit. They threw it, because at the bottom of some of these temples was a maze to a pit. And a lot of archeologists surmised those were snake pits.

(01:20:49)
It's because you can't die here. So we'll throw you into a pit. Now, Hippocrates comes out, because Hippocrates is also Greek, and Hippocrates comes out and because– Imagine this, it's been hundreds of years of this cult of Asclepius, everybody in the public knows that these are nut jobs, except people who are most desperate. So what does Hippocrates come up with? First, do no harm. Where do you think "first, do no harm" comes from people? It comes from the understanding that what these cult- cultist are doing is harmful under the guise of being therapeutic. And Hippocrates knew it. And that's why you see a branch off from this nonsense and why Hippocrates is credited by a lot of natural practitioners as the father of medicine.

(01:21:36)
Because he said two very important things: "First, do no harm." And number two, "Let thy food be thy medicine, and thy medicine be thy food," not thy venom. So what's this stupid third thing here? So whenever you see the staff with a snake around it, it's the cult of Asclepius. It's a bunch of psychopaths running around on the planet. And then

you see the Celtic symbol of behind it. They said there's a third symbol in there. Dr. Ardis help me with this. I don't see it.

Dr. Bryan Ardis (01:22:05):
The third symbol-

Dr. Henry Ealy (01:22:06):
Unless I'm looking at 6's.

Dr. Bryan Ardis (01:22:08):
No, I believe that the symbol they're referencing is, do you see the perfectly outlined cross behind it? Like the Red Cross's red cross or the green marijuana, come get your medical marijuana cross.

Dr. Henry Ealy (01:22:23):
Yep. The green plus. Yeah. Yep. I see the white... It's a white plus symbol behind the cult of Asclepius staff.

Dr. Bryan Ardis (01:22:29):
I just found it interesting that they made an effort to make sure we knew that our logo that we created is based off of a cult of snakes, like a cult that worshiped snakes. It's weird as heck that they would even tell you that. Then they're like, "Oh, there's also another symbol in there." If you don't think that their logos in the medical profession, in the pharmaceutical industry aren't significant, why do you think they're answering that question? So I want-

Dr. Henry Ealy (01:22:54):
Why do you think they all have the same one?

Dr. Bryan Ardis (01:22:56):
Same answer all the time.

Dr. Henry Ealy (01:22:59):
Every single one... And always the same answer, cult of Asclepius, cult of Asclepius. They even call it a cult. That's what's so wild about it. They don't even try to say, "Well..." They don't even try to hide it. It's like, "Yeah, it's a cult. We're a member of a cult."

Dr. Bryan Ardis (01:23:12):

Exactly right. So let me show you this. I wanted to show you that because that's exactly what you texted the other day. And I was like, "Oh my God, this guy who's been responsible and funded by our government to make antiviral vaccines from venom and now has patents on it for venomous antiviral vaccines to be used during pandemics." I just want you to know, he put this information on his site, and I just want you to know that it perfectly correlates with everything you've explained, Ealy, and I was hoping this was gonna be very exciting.

(01:23:42)
What else is exciting is I need to share this with the world. On their FAQ, it says, "Who else is using venom therapeutics?" You guys should know. They actually say, "Employing venoms as therapeutic is not new and is fast growing as pharma-biotech companies push to grow innovative pipelines and patient…

Dr. Bryan Ardis (01:24:03):
...seeking more natural therapies. Can you believe that, Ealy? Venoms, they're going to-

Dr. Henry Ealy (01:24:09):
I can.

Dr. Bryan Ardis (01:24:10):
Consider it natural therapies.

Dr. Henry Ealy (01:24:12):
Well, this is that same thing they came up with. Remember, it went morbid condition, side effect, adverse event. But then they tried to coin a new phrase called alternative event. And that didn't take hold because they were trying to tie into alternative medicine. Our medicine that we practice, Dr. Ardis, is not alternative. It is the original medicine. We practice the original medicine. What these turkeys are doing is trying to glom onto us and saying that snake venom is somehow natural. Okay, it's natural. It's a natural substance, but that doesn't make it a therapeutic.

Dr. Henry Ealy (01:24:52):
You can't call something that's lethal to the human body, to the cell structure, therapy. You just can't do it. Just because you want to believe it is? No, that's not how this all works. This is garbage right here. This is garbage by psychopaths.

Dr. Bryan Ardis (01:25:07):
And these are pharmaceutical scientists. So I want you to read this second sentence or follow along. "A large number of well-known pharmaceutical companies are developing

novel therapies derived from snake venoms and other reptiles." Dr. Ealy, did they say a few number of well-known pharmaceutical companies?

Dr. Henry Ealy (01:25:29):
A large number, so this is by design. This is a plan. Everybody, this is the next thing. And because, like you said earlier, Dr. Ardis, it doesn't matter what the pathogen is, this is a panacea for all, one-shot-fits-all. All we need to do is come up with clever new Latin names and clever new pandemics that we've created, and we have a new product that everybody's gonna rush to and roll up their sleeves. What did they say in New York that was so offensive? God gave you two arms, so you could get a shot in each one.

Dr. Bryan Ardis (01:26:00):
Oh, so ridiculous.

Dr. Henry Ealy (01:26:01):
This is what these blasphemers are saying out there. It's just nauseating. It's nauseating to know what we know and see this going on.

Dr. Bryan Ardis (01:26:11):
Yeah, and I just wanted to make sure that you and others could share this with me and my experience as I learn this stuff. Everything referenced in venom creation for drugs and vaccines, it is never referenced that there's just a few companies doing it. Everything states large production, large amounts of companies. All of it is. This is a massive thing. It's not small. So I want to read this to you so that you understand, that these people who are doing this, isolating venoms and trying to propose them as drugs, they've been doing it for a long time.

(01:26:43)
Look at this. "In China, a painkilling drug, Ke Tong Ning, that has been on sale since 1978 contains cobratoxin (from cobra venom) as its primary ingredient. Several companies are working with scorpion toxins, mainly in the anti-cancer field." Yeah, because everyone with cancer should get a scorpion to sting them. It's so weird. So here we go. "A number of companies are using venom components." If you've heard of these, raise your hand. It's exciting. Abbott Laboratories is formulating from the venom of the Malayan pit viper to be administered following strokes. They're looking for venom from the Malayan pit viper to be a solution to strokes. And then they're using also poisonous frogs, "have recently dropped by Abbott for an application for the treatment of pain." Amylin Pharmaceuticals developed a peptide, a venom protein, extended from the saliva of the Gila monster to promote the release of insulin. It was subsequently licensed to Eli Lilly."

Dr. Henry Ealy (01:27:45):
Eli Lilly, we know that one.

Dr. Bryan Ardis (01:27:47):
"Bristol Myers Squibb developed Captopril from the venom of the adder Bothrops snake as an inhibitor of ACE." ACE, angiotensin converting enzyme, "for anti-hypertensive applications." That drug is in lisinopril.

Dr. Henry Ealy (01:28:00):
That's lisinopril. Yeah, I was going to say, that's a -pril, an ACE inhibitor.

Dr. Bryan Ardis (01:28:05):
That's lisinopril for high blood pressure. 11 million Americans are swallowing snake venom in lisinopril every day to lower their blood pressure, since 1981. "British Biotech PLC, (now merged with Vernalis) began the development of Marimastat, a metalloproteinase inhibitor from the snakes for cancer applications." Cognetix, Utah, in Utah, "developed Conus snail venom anticholinergic peptides for strokes." Interesting.

(01:28:34)
"COR Therapeutics and Schering-Plough Corpco-market Integrilin, known generically as eptifibatide is based on a protein called disintegrin taken from the pygmy rattlesnake. Elan Pharmaceuticals purchased Neurex to acquire rights to their Ziconitide," which is cone snail venom, "a painkilling peptide from Conus snails. Merck makes a heart drug called Aggrastat, which is also based on disintegrin - this non-peptide agent is taken from the African saw-scaled viper snake." Pentapharm in Switzerland, they, "market two venom-derived products, Defibrase and Haemocoagulase, similar to Ancrod," of Abbott Labs. And then, "ReceptoPharm USA," which he created, Paul F. Reid, "developed cobra venom for treatment of HIV and multiple sclerosis."

Dr. Henry Ealy (01:29:37):
I'm sick to my stomach.

Dr. Bryan Ardis (01:29:38):
This is the future of medicine people. I'm sorry more people aren't looking at this yet, but thank God that people are willing, like you, Dr. Ealy and Jonathan Otto, to stand by, at least consider that what we're looking at and finding may be able to be applied to principles we know and can use clinically, research-wise, to help solve the mystery of injuries from COVID, all future vaccines, current vaccines. Venom is being used in a large scale by many, many pharmaceutical companies as antiviral therapeutics. It is

what they are doing. Now, I want to conclude here, well, I just have three more slides, if you all are okay.

Dr. Henry Ealy (01:30:26):
Dr. Ardis, it's crazy how we are researching this independently and coming to similar conclusions here. And of course, your research is far deeper than mine, especially the following the money and everything, but the symbology is crazy to me. And it's stomach-turning to think that people are doing this. And it takes us all the way back to the 1999, Time's cover article showing the future of medicine. And it had a DNA double-helix structure on it, and at the top of it showed a snake emerging from it. And you can check this out. It's on Time Magazine... They've been telling us this whole time, folks, what they're doing. And we better start believing them because they're trying to kill everybody.

Dr. Bryan Ardis (01:31:09):
The future of medicine, they're showing the human DNA, half of it turns into a reptile snake. And the actual subtitle of that cover for Time Magazine is How Genetic Engineering Will Change Us In The Next Century. So this is what I wanted to end this with here, for you guys. I hope this is helpful.

(01:31:31)
The origin of COVID in China, January of 2020, was identified to be the most like genetically, they call it codon usage bias. It is the most similar to krait snake venom called bungarotoxins. The second most likely origin for COVID was identified to be cobra venom called cobratoxin. The third most likely source was bats. This is bungarotoxin. This is 2018, two years before COVID, which bungarotoxin is a part of and is a spike protein on COVID. This is a pharmacoinformatic approach to explore antidotes from phytochemicals in plants on bungarotoxin. I was excited to show you this, Ealy. Alright, here we go. I'm going to read this.

Dr. Henry Ealy (01:32:21):
Let's see it. Yeah, let's see it.

Dr. Bryan Ardis (01:32:21):
"These serpents transmit arrays of detrimental toxins with diverse physiological activities that may either lead to minor symptoms such as dermatitis," inflammation on their skin and rashes, "and allergic response or highly severe symptoms such as blood coagulation..." Oh my god, COVID had blood clotting. "... disseminated intravascular coagulation..." Oh, no, we're seeing that with the COVID-19 shots. "... tissue injury and hemorrhage. Other complications like respiratory arrest and necrosis may occur," from

bungarotoxins. They looked at a list of 800 plants, and they wanted to know which ones negate and block bungarotoxin's ability to toxify or injure cells. And this is the list of the most effective ones, Dr. Ealy.

Dr. Henry Ealy (01:33:14):
Yeah, Withania and Vitex are standing out right now. Hold on one second. Let's start with Vitex. Vitex is something we typically use with respect to female reproductive issues, which is pretty interesting. Here, that's ailments. Let me get to the herbs here. Vitex... Let me get to the page here and read a little bit on it.

(01:33:43)
The others, Dr. Ardis, I'm going to have to do a little bit more review on. Vitex, Vitex, Vitex... Vipers bugloss. That's interesting. There's some crazy stuff in here. Where are you at, Vitex? There we go, 151. So let me read a little bit about Vitex and what it does here, 151 for everybody.

Dr. Bryan Ardis (01:34:08):
And while you're looking that up, Withania somnifera is the third highest affinity for binding to cells to protect from bungarotoxin. Withania has a very common name that a lot of people know, ashwaganda.

Dr. Henry Ealy (01:34:20):
Ashwaganda.

Dr. Bryan Ardis (01:34:22):
That's the actual herb you will read. And just so you know, anybody with high amounts of cortisol and stress, ashwaganda's a phenomenal herb for that. I also learned here it's components, called indole-3-butyric acid, inside Withania, which is also ashwaganda, blocks bungarotoxin poisoning. How cool is that?

Dr. Henry Ealy (01:34:40):
Right. So butyric acid is what we are going to also use to help folks with inflammatory bowel disease. And one of the things that's very interesting, Dr. Ardis, is I've started in the enhanced elemental dietary approach that I'm using with patients in Stage 1, is based upon the elemental diets, based upon how we would treat someone with inflammatory bowel disease. So it's a very interesting connection there.

(01:35:07)
So Vitex for male hormones, agnus-castus berries, are thought to be anti-androgenic, inhibiting the action of male androgens for women. It's got a progesterogenic effect,

acting on the pituitary gland with regulation of the menstrual cycle. I'm going to have to delve a little bit deeper into this because it's pretty much- And it's also something that's for infertility, which is very interesting. But it's a hormone regulator, agnus-castus is. And ashwaganda is way back up here with Withania. T, U, V... Maybe it's actually right after. Yeah, Withania's on the next page.

Dr. Bryan Ardis (01:35:54):
Now, reason why I wanted to show you this is because, you could take a screenshot of these things. The compound is what they were looking for inside these plants. But I will tell you, for example, the number one thing they found in this study two years before the pandemic, there's a reason they were researching this. You'll see the name of the compound for the first plant is 2-dodecanol, or dodeconol, whatever that is, however you pronounce it. That's actually found in palm kernel extract and in coconut oil.

Dr. Henry Ealy (01:36:27):
So we're going to find- So that's going to be with– And that would explain why some people were getting some benefit with coconut oil, for sure.

Dr. Bryan Ardis (01:36:35):
Absolutely.

Dr. Henry Ealy (01:36:35):
Wow.

Dr. Bryan Ardis (01:36:36):
So if you'll look up the compounds and natural sources, you'll start to see there's natural, naturopathic ways to possibly address these use of venoms worldwide to make us sick, or to impose their will on us, and to try to convince us it's a therapeutic. But each of these, I just think it would be very beneficial from a naturopathic standpoint, to look at these compounds found in plants and get a list of where they're all at. And can we actually get ahold of these to actually produce either transdermal applications like lotions or creams, supplemental applications, tea applications? How do we get these things we know they've discovered are the most active at inhibiting the binding of bungarotoxin venom, for example? These are not the only things. These were the number one, in order. You'll see dock score, the third column.

Dr. Henry Ealy (01:37:32):
Yeah, I see it.

Dr. Bryan Ardis (01:37:32):

This means, the highest affinity for blocking bungarotoxin are these plant sources. And I have not looked at all of them, but I wanted you to see them.

Dr. Henry Ealy (01:37:41):
I'll break it down tonight and send you some stuff, for sure. These are probably pretty easy to source, and see where we're gonna find them in, and where we have some synergy with other herbs that maybe have similar effect. Because they're talking about, really, the phyto-capability of it. So indole butyric acid, that might be something where you're talking about DIM in combination with Vitex. Excuse me, with Ashwaganda.

Dr. Bryan Ardis (01:38:10):
Absolutely.

Dr. Henry Ealy (01:38:11):
Where you're taking DIM with that. But the thing that was really telling for me, Dr. Ardis, and what I'd want to try with somebody first, would be the food-grade hydrogen peroxide. Because the food-grade–

Dr. Bryan Ardis (01:38:22):
Isn't that brilliant?

Dr. Henry Ealy (01:38:24):
It's so simple.

Dr. Bryan Ardis (01:38:25):
It's so exciting.

Dr. Henry Ealy (01:38:25):
It's so simple. And it's something that every old school vet has always done, is you always put a little bit of food-grade hydrogen peroxide in all of your animals' water because it prevents worms. And so, there's some cool stuff. I'm gonna look up a little bit more on that food-grade. I've done it with my animals too, and I've done it with some patients with ulcerative colitis before as well, but I never considered it even for this. But, I think what you've shown here is that it's not only worthy of consideration, it's likely going to be a Stage 1 approach, especially for people who are feeling envenomation.

(01:39:05)
And I have a patient right now- Not a patient, but somebody that I'm working with, consulting with, in the UK, who's on the verge. So I think this is something, along with what we've learned about plasmin, and L-arginine, and valine. And I think the main

message to people is, look, when you understand the problem, now we can get busy on the solution. And I think that's what you're doing here, Dr. Ardis, that's just brilliant. It's just freaking brilliant, man, to be doing.

Dr. Bryan Ardis (01:39:31):
My entire hope is to provide evidence that there are things that could possibly work, and I'll just show you this. For example, the 7-dodecanol, which was from that first plant. I just want you to know, I looked it up. I wanted to know, what's this found in? It's an organic compound produced industrially from palm kernel oil or coconut oil. I just wanted you to know, this is how I do my research. I'm like, "What is that? Where's that found? How can we use that? Can we apply this?" This is just information for people that we can apply, and hopefully people around the world who are coming up with solutions and trying to, that any of this information is beneficial.

Dr. Henry Ealy (01:40:05):
An alkylating agent, do you see under production and use, Dr. Ardis?

Dr. Bryan Ardis (01:40:10):
I do. I do.

Dr. Henry Ealy (01:40:12):
Just like you said earlier in the presentation, that's what breaks things down, alkylating agents. Well, what is that? I'm sure, and I'm not confident 100% on this yet because I haven't looked it up myself, but it has something to do with creating alkalinity in the body. Gee, something that chiropractors and naturopaths-

Dr. Bryan Ardis (01:40:29):
Sounds good.

Dr. Henry Ealy (01:40:30):
Talk about all the time that everybody says, "You're full of it because it's tightly controlled in the bloodstream." And when they say that, they don't understand how, when you drop as little as 7.34, 7.33 in the bloodstream, they don't understand the extreme acidity that that creates, and the domino effect that it creates in cellular biochemistry for that. And that's because, of course, nothing could ever change in the body, right? This is- I just want to tear it all down. It's all garbage. It's all cult. It's all– Just tear it down.

Dr. Bryan Ardis (01:41:06):
Well, Dr. Ealy and Jonathan Otto, I really appreciate your time today. Thank you very much. I knew it would take some time to go through this, but I thought– Man, I prayed

honestly, that this would provide some relevance to what we are all trying to do to help humanity. Is there anything of this information that can help us solve this horrific episode of tyranny, I believe, on the entire planet? So thank you for your time. I really appreciate all you do.

Jonathan Otto (01:41:33):
I'm so grateful. I'm so grateful, Dr. Ealy, Dr. Ardis. Everything is horrible, and everything is perfect at the same time. And we're here, and I just am really grateful to both of you as friends. And anyway, I'm just excited about how we can use this information to save lives and get this information out to people, as many people as possible, and as deep as possible, and prove it. Clinicians like Dr. Ealy is in the trenches, ready to get his hands dirty, and that's why I've always known that he's had my back, always. And so together, and with all the other doctors and advocates and just people that are listening to this, we can solve these problems together. And that's what this is all about. So, thank you.

Dr. Bryan Ardis (01:42:25):
And Dr. Ealy, I sent you a picture the other day out of a animal venom peptides for antiviral therapy. And it says in it, "Snake venom, particularly cobratoxin and bungarotoxin, inhibits syncytium formation." Do you remember that?

Dr. Henry Ealy (01:42:41):
Judy Mikovits. That's just what she's been saying.

Dr. Bryan Ardis (01:42:43):
Judy Mikovits.

Dr. Henry Ealy (01:42:44):
She's been saying it. Dr. Mikovits, been saying it the whole time. It's amazing the convergence that's happening right now, because all this convergence has really happened, I would say, probably in the last 8 weeks. When you start seeing the domino effect of the hemagglutination, the sticky blood and the blood clotting, and where your research is now taking us. And what's really cool about all of it, Dr. Ardis, is it does take us to solutions. I am so done with doctors out there who are saying that if you got the shot, there's nothing that you can do. That's bull. We are proving it every day.

(01:43:18)
And it's because people like Dr. Bryan Ardis are out there researching relentlessly. And then, he shares something with me. And it's like, "Oh, well, bang. I know what to do with

that." And then, "What do you think about this?" So I'm gonna get you, Dr. Ardis, I'm gonna get you the food-grade hydrogen peroxide instructions out.

Dr. Bryan Ardis (01:43:34):
Thank you. I want them.

Dr. Henry Ealy (01:43:35):
I'll get it right to you. And then, I'm gonna do research on these 8 right here. But to me, as soon as I heard food-grade hydrogen peroxide, I'm like, "Oh, bang. We got it." We got it for Stage 1 and how to start neutralizing the effects upon the nervous system. And then once you do that, we got great things happening.

Dr. Bryan Ardis (01:44:02):
Well, I really, really want Dr. Ealy, Otto, and anyone else who gets this presentation, if you know experts or have books on hydrogen peroxide, I want to know everything about what you know, so that we can see if we can apply those principles to people worldwide. I am convinced this is a massive, massive opportunity to help improve the lives of many people around the world. And I will explain more about that because I've seen massive benefits with hydrogen peroxide just in the last few weeks from issues related to COVID, long-haulers' COVID symptoms, but I would like to know best how to apply those principles. I am not an expert in hydrogen peroxide, but I do love that it is cheap. It is natural. Our body makes it and knows how to use it. So how do we maximize that? The ability of the immune system to use something as simple as hydrogen peroxide it's already programmed to make, how can we help the body make more of it? Oh my God, it's great. I'm so excited.

Dr. Henry Ealy (01:45:03):
Amen. Well, Dr. Ardis, it's interesting. Because last week, I did learn how the body is going to make more of it. It's going to be through mitochondrial energy production. But also, it's going to be very important that we get 35% food-grade hydrogen peroxide. Because we don't want people going down to the dollar store and getting the external stuff and thinking that they can use that, and drink it, and everything like that.

Dr. Bryan Ardis (01:45:23):
Exactly right.

Dr. Henry Ealy (01:45:24):
It's got to be very detailed, and there's a dilution concentration. And I will pull it up. I do have that dilution concentration on my computer when I was treating some of my

doggies and things with it and stuff like that. So we'll have all of it. I'll get that to you tonight, tomorrow at the latest.

Dr. Bryan Ardis (01:45:39):
Thank you.

Dr. Henry Ealy (01:45:39):
We'll be able to move forward with it. Yeah, man.

Dr. Bryan Ardis (01:45:41):
And Ealy, I have to tell you. Over the last couple weeks, I keep telling my wife almost daily. I'm like, "It's like God is impressing on the minds of Ealy, me..." And we're like-

Dr. Henry Ealy (01:45:51):
Mm-hmm.

Dr. Bryan Ardis (01:45:52):
You mentioned something, I'm like, "Oh my God, I just saw that." Or I'll find something, and you were just looking at it. And I'm like, "Oh my God, this is..." It's been a very exciting last few weeks for me, and thank you for being a part of that.

Dr. Henry Ealy (01:46:03):
Amen. I feel the same way, brother. I feel like what you're doing here not only is God's work, which is the whole point of it, but I feel like God has finally been like, "Okay. We figured out now who are the people who are in this for the right reasons and who aren't." They're all pretty obvious, the ones that are self-serving versus-

Dr. Bryan Ardis (01:46:24):
True.

Dr. Henry Ealy (01:46:24):
The ones that are serving. And I think what I'm seeing is that all the self-serving folks are really gotten together. So we're putting together something called the One Heart Alliance, one heart, one mission. And I'm writing that up. And I'm going to share it with Kevin Jenkins and a few other folks. And I think what we do is, we just announce to the world very soon that we're all in one alliance. We're one heart in this, and it doesn't matter what they do. Venom is the wrong pathway. That's not the straight-way that we need to be on right now. That was not God's design for us. These are psychopaths. This is a cult. It's a cult.

Dr. Bryan Ardis (01:47:06):
Ealy, it went from, for me, over the last year now, it started in December of last year. It now has gone from me trying to see if this provides enough evidence to back what I was seeing in my research studies, to where there is absolutely no question in my mind. This is where the pharmaceutical industry has been going for decades. We were just in the dark. And medical doctors were in the dark. They've left them all in the dark. They just tell them, "This is the name of our drug. Give it to your patients. It works." That's all they care about. And we're going to pay you incentives to prescribe it.

(01:47:38)
But now, it is, it doesn't matter what I look at, it's always there. All I'm looking for now is, what do they know and disclose in their studies? Are the inhibitors, the detoxifiers, the denatures, that stand in the way of venom working to cause harm or their proposed mechanism of action that's therapeutic? So they tell on themselves what that is, but people have to be willing to go look at that data and that research study. They're telling you the recipes of how they're creating it and then what negates it. We need to know everything about what they know negates it because they publish it for other researchers. "Don't mix it with this stuff or denature it this much. Don't do this..."

(01:48:20)
But I have to tell you, the snake venom phosphodiesterase disclosed, and the creators of the mRNA technology, Drew Weissman, Katalin Karikó, snake venom phosphodiesterase is sold by Thermo Fisher Scientific. It says if you buy this substance that was used in the creation of these vaccines. It says you can't mix it with glutathione, NAC, or Vitamin C. And it's completely inhibited by EDTA. They tell you, "Don't mix it with this stuff. It will totally denature the venom." Oh my God, you just told me what the secret is. Vitamin C works. NAC works. Glutathione works. It's so phenomenal, man. We can take their same, disclosed information to not hurt their invention or isolated venom, and we can use that hopefully to help save and preserve humanity.

Dr. Henry Ealy (01:49:08):
Well, I think we're there, man. That's what I've been feeling the last 8 weeks, is that now we got the full- we got enough. I don't wanna assume that we got everything understood.

Dr. Bryan Ardis (01:49:17):
Sure.

Dr. Henry Ealy (01:49:17):

But we got enough understood, so that I get what treatment has to be and we'll just get better at it as we go. But that key piece, going from Bryan's work, to the hemagglutination confirmation, and the live blood cell analysis stuff, and everything. And seeing it's like, "Oh, okay, I get it now, what's going on." And now what you're showing is like, "Okay. Well, I thought I got it, but I'm really getting it now."

Dr. Bryan Ardis (01:49:41):
Hope so.

Dr. Henry Ealy (01:49:42):
Because what the spike glycoprotein really is, it's at the very least, based upon snake venom, at the very least. Which means, it was engineered. Which means that it was engineered for a purpose. And with all the large scale stuff you're showing, what's the purpose? Get people sick so that you can sell them the cure. That's what Cleander tried to do.

Dr. Tau Braun - The Venom “Hypothesis”

Hi, I'm Dr. Tau Braun. I am considered a U.S. counter-terrorism prevention and response subject matter expert. The work that I was doing before the pandemic was really in the field of preventing mass killings, the prevention and response to mass killings, which most people know as sort of an active shooter attack, terrorism. Of course, that world also includes biological terrorism and also bio-warfare. And so, my work shifted during the pandemic.

I consider it the same work and that some of the things that I've been very aware of and being concerned about is that during this time we have to be thinking about the fact that during a crisis there is a natural process that would be heading towards violence. There's a stage actually in all emergency management where you've had a big crisis where you can watch things go through stages where you can watch neighbors, help neighbors, and then neighbors avoid neighbors, and then eventually neighbors turn on neighbors if there's a feeling of depleted resources.

That's some of the primitive responses that lead to things like irrational looting, and also it becomes very important during emergency management that if something really big has taken place there's always this understanding that people can be pretty predatory. So, after a natural disaster, for example, there's always a law enforcement or even sometimes a military presence that comes in, to try and protect people's houses, and livelihoods, and family pets if there's been some form of evacuation. And so, my goal

during this pandemic as my work relates to, one, the reduction of violence, but also the reduction of suffering.

My own personal meaning and purpose in doing my work is that I see violence as a form of suffering. Gavin Becker, the world renowned security expert, says that the marker for impending violence is human suffering. And so, my job is to understand that during this pandemic I've always been concerned about things, like during the lockdown there was an increase in domestic violence.

It means that children are going to be there that could potentially be hurt, there was increased child abuse, sexual abuse. And so, my role in this pandemic has been no different from all the other work that I'm doing, that I did previously. I think somewhere along the line, my work became pretty known for the work that I did in helping people to know that scientists had discovered that there was these homologues of venom, and that the wonderful work that the series, and Jonathan Otto, and some of the other people involved in this and other presenters, and people like Dr. Bryan Ardis, the venom is now becoming widely known and more accepted.

I got a question earlier today where somebody said, "Talk to me about the venom hypothesis." And there's almost a scientific laugh in that question for me, in that if anyone believes that there is a biological agent, if anyone believes that there's some form of whether somebody believes it's a virus, or somebody just knows that it's the same pathology could happen just with the spike protein, or if somebody understands that this is rarely deeply involved with bacteria, all of that requires some level of authenticity around what's being seen, what's being measured, what's known in the genomic sequence.

And so, I think about this as a crazy question around a hypothesis because the genomic sequence clearly and all the sequencing that's been done since then, and all the work on the toxins, and endotoxins, and bacteria that are involved in this all point to some really, really nasty potentially lethal venom-like toxins of the cobra snake and the krait, which are very primitive.

I mean, they don't have to come from the cobra or the krait, or any creature because they're just the peptides, they're just the synthetic version. And so, that's well known, so it's not a hypothesis. What I think is becoming increasingly useful and certainly a relief for me is that people are using that to inform their treatment. I know there's been a big change recently with Dr. Ealy's work where he's really been very outspoken and understands that the treatment of this really parallels the treatment of an envenomation.

What I want to talk a little bit about is, and I'm certainly no expert on it, there's some incredible doctors and scientists that don't work on lectins, but I want to nudge people to do the same thing that they did potentially with the venom.

When people hear about a virus, and viral infections, and viral replication, what became more useful to me, and I guess I was looking at it through the lens of my own background in emergency management, law enforcement and public health, I was looking at this as the spike protein to me was a bomb to be looking at. And to dissect that bomb to see how does it work, what are the parts, and one, how to neutralize the threat, but then also understand in the most lay term and in the most Hollywood way, it was like green wire, blue wire, which wire would you cut?

Which wire would keep this thing ticking? Is there more than one part that can cause an explosion? Is this an explosion that generates shrapnel, or is this an explosion that generates an electromagnetic pulse? I was looking at it in very the same way, and of course the venom is the most sensational and it's the most well... Easily for people to place.

They understand that venoms can be dangerous, but a lot of people have never even heard of a lectin. And I used to describe it as a lectin and a glycoprotein, like the spike protein of SARS-CoV-2, it's sort of like Velcro, two sides of something that can come together and stick. But the one side of this, the lectin side, is pretty important for biology and the understanding of two processes. One is you have to have some ability for cells to be sentient, for cells to understand incoming data.

And that's done through lectin binding on cells. It's sort of like attaching a sensor to the cell, and then using that sensor to basically read what's coming in terms of, "Oh, is this a poison? Is this something I have to react to? Is this food? Do we need insulin?" And so, lectins on cell surfaces play this role as a binder, but then the binding leads to basically a signal being sent.

So, they could be thought of as a receptor, a receiver, and a transmitter all built into one. The issue that SARS-CoV-2 causes for lectins is that SARS-CoV-2 contains lectin. So, here you've got this glycoprotein that's a poison, it's got toxins on it, the body is reading it as a toxin. Then the body's also got to understand that there's a lectin on it, so it's very confusing.

This is like having Velcro on both sides and it becomes this very, very confusing sticky molecule. And then it's going to create false readings, as well as it's going to make the body have an overgrowth of lectins, which in a sense it becomes like a flourishing lectin garden. And then ultimately you have a hyper-vigilance of cells and you then have too

much signal going on. And so, that's part of the reason that there's this massive inflammatory and complimentary immune response.

And so, the other side to this too is that lectins are very involved in understanding what sugars are coming in. And so, they become very hypersensitive to sugars and then they send signals. The knowledge that I have on it is very basic, but it's important to know that for those that want to chase this information and see how it influences their own understanding of the disease pathology that is known as COVID-19, or long hauler COVID, or even vaccine injury, it becomes crucial to think about that just like we talk about the spike protein having hoemology to venom, the closest match of the lectin is something called galectin-3, human galectin-3.

And when that is in abundance in the body, that can lead to things like myocarditis. And so, I think there's been a lot of speculation around what is causing the myocarditis. I came across some work from Peter McCullough, a YouTube video from several years ago that talks about galectin-3 and its pathway to myocarditis.

And that actually using a way to measure galectin-3 becomes preventative in terms of understanding that if you've got high levels of galectin-3 that you're potentially heading towards myocarditis. So, that video is available. I found it on YouTube. I think it's a really good explanation. I think also there's incredible doctors that have done great work, and no doubt you will have access to people that have far more information on lectin-free diets and how to counter lectin.

My mitigation strategy against lectins is an understanding that in nature lectins are kept in balance by something called a pectin. And my visualization of this is that there's a relationship between the lectin and the pectin as it relates to the ripening of fruit and getting ready for that plant to have seed that can bear more fruit. And so, it really is the pectin is playing this protective role with the lectins in terms of letting the glucose metabolize.

And very similar to what the cells of the body are going through with lectin. And so, what pectin is able to do either as a modified ... People take a modified pectin supplement, there's citrus versions, there's apple versions. I personally don't know enough about it to have a preference. And then there's also just the old-fashioned natural way where what you're talking about in terms of where the pectin is in the fruit, it's generally the very fibrous, mostly white plant part of a skin rind just underneath the skin of a fruit.

And the thicker that white portion's going to be is the higher the pectin value. An interesting thing for me is that I love ancient and biblical references to things. So, the fruit, and I hope I don't butcher the Latin on this, I think that the version of it is Citrus

medica, that fruit is also known from the festival in Judaism called Sukkot. That is known as the Etrog. And the etrog is in the citron family.

Lime, lemon, grapefruit. And etrog are part of the family of very sour fruits that have a great pectin. And so, what's fascinating about the etrog used at Sukkot, which comes just after Egypt's coronavirus plague and what they had to do to get through it, it comes at this festival where people are eating outdoors in this well-ventilated hut called the Sukkah, and it's the festival of fruits. And here it is that they are revering this fruit that became in Latin known as the medical citrus.

And the giveaway here is that pectin becomes vital in terms of countering lectin. And the only thing that to be thinking through in terms of how to use this, is that if you are following some form of ketogenic diet that's been suggested for you or that's part of what you've been doing to help you recover from vaccine injury, or COVID, viral infection, bacterial, if you are doing some form of sugar elimination, that realize that you're going to spend a little bit more time in terms of that you're going to be grinding down the rind.

Or you're going to buying a supplement form of it, and staying away from the juicy fruit part of it that's high in fructose. And so, that was a fascinating new finding of mine that I think is going to be very, very important for people to go forward.

If I'm looking at the data that's coming out around spike protein persistence, it appears that my information that I first put out a long time ago that the spike protein is replicating in bacteria and specifically E.coli, that is now being validated through a couple of ways. It's been validated in the lab through work, and it's also been validated in FOIA requests.

And a very interesting part about this is that some recent FOIA requests actually showed that some of the vaccines, that there's been reports that one of the most severe contaminants of the vaccines happens to be E.coli. So, you have this bacterial contamination, which ultimately has the ability to replicate and take this dose of toxins, and now you're injecting into the muscle, you're actually injecting E.coli with the spike protein.

I think what's going to happen in the future is that potentially what people have misunderstood as maybe a contaminant is not only a contaminant that's in there and meets that definition, but maybe an intentional contaminant, because I've always had the belief that they were not sure that the mRNA was ever going to replicate in the

human body in cells like it does maybe under the most pristine conditions in a lab, in a Petri dish. But certainly they know that they can grow the spike protein in E.coli.

And so, it may turn out that what people are looking at as contaminant is actually very purposeful and intentional in terms of the way that the mechanism works. But either way, what becomes relevant is that, that's another aspect of knowing that spike protein persistence in someone can be coming from replicating spike protein in their own natural bacteria in their bodies. And that in itself, there's a relationship then between the lectins, and the bacteria, and the spike protein. And so, spike protein persistence really needs to be understood as making sure that the lectins in the body are in balance, and specifically galectin-3.

And then also obviously making sure that the bacteria in our bodies are in balance. So once again, anybody that's been helping people to understand gut biome health, gut biome diversity, the importance of things like probiotics, that becomes absolutely crucial to cut down any sort of spike protein persistence in people.

It's also interesting because lectins in themselves are not dangerous when cooked properly. So, something to look up is there's a historical story of lectins, beans not being cooked properly. I think it was in the UK, and it made some kids really, really sick. And then it was discovered that it was beans and they weren't cooked properly, and it's a poisoning.

But something like quinoa, it's kind of hard to mess up that you're not cooking it properly. Once it's fluffed out and once it's ready, I would say that the lectin content on that, unless somebody is allergic to it or something, you've really neutralized the threat of it. And so, don't be overly concerned. It's always important to make sure that things are cooked properly.

So, the information on the origin of COVID remains this sort of very slippery, elusive, potentially I think the best metaphor matches all of the other work, or slippery like a eel, slippery like a snake that's able to slither away. I went back and forward a lot, and I still do it in terms of my original thought was after looking at the technology, at looking at where we were, there was a document that came out, I believe it was in 2013 that really spelled out bioweaponry and where they were in being able to make artificial vectors, and viruses, and using nasty bacteria.

And so, when looking at those documents and understanding that SARS-CoV-2 has this long history, and that SARS-CoV-1 is potentially also synthetic, and looking at the history of some of those epidemics and potential threats of pandemics.

And then great work by others including Dr. Martin, who basically has been talking about the patents, and Karen Kingston. In looking at that work and coming to the same conclusion that what we are looking at is a synthetic chimera that acts as a parasite, that it has the ability to replicate and to basically take hold of a host and then replicate, it became easy to feel pretty certain that we are looking at a Department of Defense product.

And that at the same time as those patents, and it would make sense that in developing sort of a bomb, that you would also be developing the countermeasures. It took me back to something recently. I was thinking back to conversations I had way at the beginning of this pandemic, and just as the vaccines were being ... Quote-unquote, I want to call them, use the word vaccine, but then I always want to catch myself and they're not vaccines at all.

One, they're countermeasures. And the other thing is that they are essentially gene-based immune stimulants. And so, when there was a discussion about rolling those out, I remember somebody in emergency management in a pretty high position used the word antidote for the vaccine, which is really interesting because then later on it made sense to me. And I was thinking about it recently, how an antidote to something that's used for a poisoning or for venom.

And they had referred it to this thing called an antidote. And so, in looking at the technology, what's always been confusing to me is I've been going back and forward for the longest time about whether this was a U.S. - China partnership, or if it was solely the U.S. And then I got to the point of just feeling pretty certain that this was just U.S., and that basically other countries would then have mutual agenda and they would go along with it.

And there were other countries that didn't go along with it at all, including China and Russia, which is very evident in the way that they tackled their program, the pandemic and their own countermeasures. But the idea of being at this point of us being so far away from truly knowing the truth of origin is still concerning, and for two reasons for me. The one is more from a historical perspective in terms of the who done it, and leading towards the somebody being charged, and prosecuted, and found guilty for the crimes.

Not someone, more than one person for doing this to humanity. Obviously that's a very important part of this, but there's another aspect to it that is relevant to my work and that should be relevant to any person who would never want this have to happen again, is

that to understand how something was done to us and to prevent it in our future, it becomes really important to trace back the origin and the players that are involved.

And also the exact technology and the exact deployment, so that at least there can be a model in the future that we have some signals to look out for so that we shouldn't be surprised by this. So, I'll throw out some things that have been on my mind around origin, and of course the information is evolving all the time. But where I am with this today is that I leave room for both an intentional and a covert like exchange where the disguise of getting this mRNA technology built as a bioweapon, I think people always look to towards gain of function, and they want to know which labs this was going in.

I think the crime here is that in plain sight there was a lot of mRNA cancer work, vaccines for cancer and cancer therapeutics that would've not needed the same scrutiny, but it is the same work product. In other words, the actual spike protein used as some form of antigen for the body and used as some form of really perverse way of tackling something like cancer.

Ultimately that would look the same, whether it was a bioweapon or whether somebody that was building it for cancer therapeutics. And the leading organizational company that was doing that would be Moderna, and the funding would be private funding through their funding partners, like I believe it's Pioneer, is one of their parent companies. But then the rest of the funding would be U.S. taxpayer money through DOD, NIH, DARPA, DOE. It would basically be that along the way that this would've been spelled out as for the benefit of humanity, a cure for cancer.

And lately what I've been thinking about is that shedding is the major issue that's driven this pandemic. People have always asked me, "So, how is this deployed?" The confusing part for me has always been that the symptoms that you saw in China with people falling over, with people having seizures, with people having heart attacks in the street, with people having rapid death, they didn't match what we saw in the pandemic at the beginning.

It only matches once the "pseudo vaccines" arrived on scene. And so, what I've been trying to chase up in a detective way lately is looking at what is the possibility that this is not a lab leak at all, which a lot of people know by now, but more a way of creating a pandemic by using shedding, by using vaccine clinical trials, by running people in Wuhan through ... Let's say there was a lab that was deeply involved in this work, and specifically I have an interest in one of these labs by a Dr. Tian who was looking at ticks from bats. Ticks can contain venom in their saliva. And so, it would be very interesting if

we could get to the point of tracing back around the world clinical trials that were using this Moderna product, this particular spike protein as a cancer therapeutic or a cancer vaccine.

And then, knowing that some of the lethality at the beginning could be accounted for by the same issues that we are now seeing, disease and progression of a lot of different kind of diseases, being driven by shedding. So, it accounts for some of those at the beginning of people having clots, and heart attacks, and seizures.

If their exposure was either directly that they were in a vaccine program, which is possible, or that because they were messing and didn't even know the dosages at this stage, we could have a possible exposure that would be very similar to being attacked by a venomous animal, aerosolized like the cobra, spitting cobra, where the aerosol particles could have literally been coming from the human beings in this early vaccine trial just as it is now with this vaccine rollout. Or it could have even been from skin contact and people producing copious amounts of this poison.

And for somebody, if that sounds way too out there and way too sci-fi or conspiratorial, they should do some research in terms of poisonous frogs and toads where some of the most lethal poisons literally exude from their skin, and any contact with that skin would be problematic. So, I think that, that's a new angle that I've been interested in, because the other things are just as plausible and I don't want to take anything off the table.

Theories around water and water treatment, as well as aerosolization I know is more than possible, but specifically the linking this to something that wouldn't need somebody putting gas in a subway, it would literally be that the patients of the clinical trial are walking around and poisoning the village. And they could have been running a trial in Wuhan, they could have been running trials here in places like maybe San Diego, which had an issue with Kawasaki disease.

Places in India. At any given time, clinical trials, generally a well-funded clinical trial might have various locations running the study at the same time. And so, I think at some point it would be very interesting to see if we can find that particular information. The other side to this is that I think it's going to be very important for the world to get access to raw data. And Congress's recent decision to release this information is obviously a crucial step that's going to help us solve this problem.

By far, the biggest threat that's changed recently is more than a lockstep pandemic response that basically would take away the sovereign rights of nations to handle their

own public health disaster. This has gigantic ramifications for a lot of reasons. So, one of which is that from a purely financial point of view, most people are not thinking about things like mutual aid as it relates to disasters on a county level, on a state level.

That if a disaster has happened in one place, they rely on funds or they rely on resources to be able to help each other out for the things that they need. When you have an overall dictator, when you have in the similar to an international, a multinational company, when decisions get made at the highest top level and that there is no decision making power at a lower level, ultimately the level of political persuasion, corruption, and extortion is then completely out of hand.

It really is, not only on an individual basis, on a collective basis. It is the absolute dissemination of freedoms. It takes away the decisions on a local level, it takes away decisions on a state level, it takes away the decisions on an entire country. Now, where this is fascinating to work out, what it means is the West has already had a taste of this.

The Western countries have ultimately been told in lockstep, even without a decree that all pandemics are ... The execution of the response comes from WHO, without that even in place in the way that it is in place now, we've obviously seen that countries have not had much freedom and countries have been willing to go along with it. But there has been many places that have been spared from Draconian laws, Draconian responses, from forced mandates or vaccines. That would all disappear.

So, the real prize over here, and feeding into the really dark side to this pandemic of depopulation, of genocide, of eugenics, is that the places that have actually been able to protect themselves from those forms of racism, from those form of just annihilating tribes, of places that people escape to. I mean, I've got friends that consider themselves, they say they're in paradise where they've escaped to an island somewhere, they've escaped to somewhere that hasn't taken on these measures, and they've had freedom that a lot of people have not had.

Well, that will all just go away. And I think that ultimately that's why they pushed so hard to do this. My concern would be, for example, over the continent of Africa that never went along with this. I mean, Africa was spared from this pandemic because one, this bioweapon is not designed for an African population.

I think some of the work that was taking place in Ukraine, in Hunter Biden's labs, I think some of that work was heading towards disaster for other nations, other genetic profiles. Thank goodness, it looks like, at least for now, some of their work was stopped and held

at bay. But I think that ultimately, let's say for example this decree from WHO is in place, Africa would've had absolutely no say in vaccination rates, vaccination uptake. And ultimately the pandemic is driven by vaccinations. The shedding of the vaccines drives the disease.

And so, ultimately they could have had the same case numbers as they had in the rest of the world in places like Africa. And that is the real tragedy here, is that as they decide on which countries get depopulated and by how much the culling will take place, I know it's pretty dark stuff and I feel awful as the messenger. I don't want anybody to ever assume that these words are ever comfortable for me to talk about this in some form of way that I want people to be aware of the reality that they're facing.

But as a human culling, this would be the equivalent of if there were several, what I grew up with in South Africa, known as game reserves, safari parks or nature preserves, if those had independence, a mutual understanding that they needed to share information but ultimately each park was run separately, and they could decide what their animals needed and what healthcare of those animals, and which animals get culled per year, and what rights they could give to hunters to keep populations, that would all become centralized.

And it would mean that basically for the sake of comparison, if somebody had a hatred towards elephants, they could make a decision as an executive order that all elephants in all parks would be culled. Regardless of their age, their health, they could just be eradicated. Now, people are not comfortable thinking about that people can do that with human beings, but this pandemic has at least shown me and those that are willing to see the dark side of this, that that's exactly what's taking place.

And the first version of this in the most obvious way is what's known as a Senicide, which is essentially the killing off of the elderly. And so, that doesn't mean to say that the next wave of lockstep executive orders you are dealing with the darkest side of eugenics from the WHO in terms of political corruption. And the people that often are the ones that pollute and corrupt organizations like the WHO, not all of them are going to have some form of perverse eugenics in mind. But they certainly have economy, and sustainability, and competitive advantage in mind. So for example, if they decide that it would be at best for a population to be culled in a country that was rich in cobalt, they could do that. They could decide that that's where they target. So, it's really, really dark stuff. But I think that unfortunately these are the kind of things that we now need to fight.

It's the kind of things that have become very important to ask both on all levels, whether

it's a local politician all the way up to a prime minister, or a president, or a cabinet, where are they in terms of their decision as it relates to centralization of anything? Banks, WHO, healthcare. And then the part that is very obvious to people that are tracking this and very concerning, but I want to at least summarize how I see it, is that as certain ministers have said, the harnessing of technology in a digital age is crucial to the management of things like pandemic. But they can leave out the word pandemic and they can just say that the digitalization of people's ID, their bank accounts, their social credit score, whether they posed a threat, whether they previously were criminals, or whether they're seen as political threats, that all becomes centralized data.

And ultimately that gets tied to healthcare, and that gets tied to whether you are following orders, whether you've been vaccinated, for example. In their mind, if you haven't been like certain countries are talking about now, that becomes a criminal act. And so, it's very threatening that our identification, and our merit, and our worth, and the way that we consider ourselves sovereign in any form is being absolutely linked to a dataset, and then this primary way of identification. I think it's very interesting that the place that I currently have the most freedom of speech in terms of a social platform would be Twitter. But Elon Musk ultimately, I think there was an agenda in terms of it's great that he rescued it and that there's a freedom of speech component to it, but he's made it very clear that he wants to replicate Twitter in terms of the social media platform used in China.

That is their social credit score, their banking system, the way they open a door, their health records, that's ultimately the big desire and the return of investment for the investors that helped Elon Musk rescue Twitter is ultimately that is what they're hoping will become the digital exchange for our future. Now, a strange thing is that on a conceptual, and I'm not a technophobe, there's benefit to being able to, let's say, check out your healthcare,-check out your healthcare, there's benefit of being able to have somebody pull up your records and have access to the things that you want to share. I recently met somebody who has a microchip in their wrist, and that's how they open up their car door, and that's how they open up their various locks through an RF chip.\

And there's convenience in it. And I understand not somebody that wants to fight technology. What becomes scary for me, and should scare anybody, is that it is where these datasets are going. It's who gets to control it. And ultimately in a world that's moving more and more towards transhumanism, I think that people should at least have in their mind that we are creating a world where even as a living, breathing, soulful human being, to someone else you're a vacuum cleaner that can just be switched off.

That the power that you have on a digital exchange literally has an on - off button. And that if you're not seen as viable, or useful, or even worse to them, if you're seen as some form of dissident, that ultimately the more we hand over to digital exchange our lives, the real threat becomes how easy it then is just to eliminate us.

And ultimately we have to realize that there are absolutely people who are obsessed, I call it a Thanatic obsession, using the Greek guard of Thanatos, I call it a Thanatic obsession, where they are obsessed with death counts and they're obsessed in their own minds with some form of perverse noble act of depopulation. So, in the wrong hands, which is very easy, I mean, we all know about cyber hacks and we've all seen what's happened with the pandemic. The most frightening part of a digital exchange is any person can look down at their own electronic device right now and know that it has an off switch. And if we aren't careful, and if we keep on this trajectory, all of us then become ... Have an on - off switch.

And as Yuval Harari has said, that he believes that the idea of free will no longer exists. So, my response to that is that not on my watch, and as Deuteronomy says, we get to choose between life and death, and we get to choose life not just for ourselves, for our offspring. And so, on behalf of my two sons and on behalf of anybody else's children, and behalf of the children that haven't been born yet, and the children of those children, I say not today and not on my watch. And we will continue on a path that has a balance between using technology for the greater good, but being completely wary that we never hand our technology over to any predator of any form at any time.

So, I think something that I'm reminded of is that often my parents, as you can probably tell, I was raised without a filter. I'm keenly aware of the dark side of the world, and I'm also just as aware of the joyful side. And what strikes me as interesting is that I often find myself in this situation where predictions can go both ways. If I was asked a question about all the great things that we could look forward to as a planet, all the things that are going to make kids smile in the future, all the things that we can ultimately benefit from, I can tell the story of all the joyful sides to life and what's coming. But that's not the work that I do. And it would be fascinating one day and probably a relief for me if things stabilize to be able to unpack some of that, what they call some sort of vision-like work, making predictions on the future. And very valuable, of obviously creates a world that, that's much more optimistic to than where we are now.

(48:14)
However, in terms of predictions, in terms of things to look out for or where I think things are going, I think there's a lot of talk about different diseases that are emerging. I think

there's a hyper focus on some of those things. I also think that anything at this stage can be weaponized. So, there was talk about monkeypox and that sort of came and went. Now currently there's talk about bird flu, and I don't think that, that's going anywhere because I think that, that's part of what's going to be used for the eradication of natural meats, poultry and meats on the planet. There's talk of a really new bad strain of ticks that is taking down cattle, I think I recently read it was in Texas and other places. And so, I believe that part of the war path is to weaponize any natural event that's taking place.

(49:10)
And then to use that, once again, this word cull, it's inevitable that I have to use the word cull, because the eradication of various ways of life or various species is what we're watching. And so, I think the issue here, and I think that where it's going to be very important for a moral compass to come back to anybody that was doing this work is that we never used to talk in hyperbole. And scientists would have a measured approach to things. And at some point we thought we could trust scientists to say, "Well, there's this thing, but we're not really worried about it." But now any sort of fear can be weaponized. There's talk about Marburg being the next virus. There's talk about polio at one stage, there were cases of polio in Ukraine, there were cases of polio in Israel, there was a polio vaccine being deployed in, I think it was in Malawi, in South Africa.

(50:04)
So, we can have our pulse on all of these things. The unfortunate part about it is that whether they are real or whether they are imagined, it becomes irrelevant because in the wrong hands the fear drives the response. And then there's a heavy-handed approach to the response. I believe that bioweapons and the use of mRNA poses the biggest threat to our survivability. And I believe that's because there's always been information on vaccine shedding, and people that go and do vaccine research, and people that maybe don't favor the approach of vaccines have always known that shedding is a real thing. But to the rest of the world, they believe shedding is imagined until someone shows them that even on places like the CDC's website they'll have information on flu vaccine shedding. So, when you're dealing with mRNA, the difference between previous technologies and mRNA is that it's purposefully built to be self replicating, self amplifying.

(51:14)
So, when you have that process in place and you start working with toxins, then bio weaponry can be taking place at the doctor's office. It can be taking place at the next clinical lab, clinical trial. It can be that there can be threat of something like Marburg, which could be contained, but then they arrive with an mRNA-based vaccine against Marburg and that drives the disease. So , the real threat over here is actually mRNA

technology. This technology that is now being told to the world that is safe and effective, poses, in my opinion, potentially now, in my opinion, it is the greatest threat not just to the human species, but to all species because it is an environmental toxin that ultimately we are just at the beginning of it. This would be the equivalent of the first combustion engine that's in progress, and it leading to an industrial revolution, and that leading to new pollution, and that leading to environmental threat, and leading to organizations like the EPA that was built to do the work to understand that it's their job to understand the environmental threat.

But when our regulatory agencies are no longer controlling the makers of the products, and they are working in a sense as lobbying groups for these polluters, ultimately there is nobody that's going to be speaking out for the world's birds or the world's wildlife, or the world's whales. And all of these creatures will be susceptible to all of the mRNA software that is ultimately then released in all forms across the planet. And so, I think that that is my biggest prediction and my biggest call to action right now is for us truly as human beings to understand that threat and to do something about it as fast as possible.

Treating Envenomation - Post-Vaxx Injuries, Long-COVID & Bioweapon Exposure

Dr. Henry Ealy's 4-Stage Approach

*"Aloha, my name is Dr. Henry Ealy. I am the **founder of the Energetic Health Institute**. I lead a couple of very important teams on this COVID front. **I lead a grand jury team**, and we are still in play, which we're really excited about moving forward on the justice side of this. But I also lead a research team into not only the **fraud and the criminal fraud**, but also what can we do to help people who are severely injured by these shots. I can tell you this is, in my opinion, the most important work of my career, and I think the most important work we can do globally as well. We have to solve this problem of genetic modification. We have to be able to help the people who are in pain right now, and we got to heal this hurt.*

*So, I spend my days and my nights, my every moment of my life now pretty much just working on how to hold people accountable for crimes, in my opinion, that have been committed. But more importantly, how to help people who are in desperate need of real, **effective solutions** to what's going on. **I don't wanna just put a bandaid on**. **I don't want to mitigate their***

***experience**. I wanna help them heal fully because I know in my heart that **the human body is designed to heal**, that **God lives in every single cell of the human body**. I wanna help people access that relationship and optimize healing and in the process prove that the way is natural medicine above all. Now, what's interesting is in the last two years we've seen a lot of really well-intended people, and I think myself included, putting out protocols and especially for people who had contracted SARS-CoV-2, that was the deal. It's like, "Well, what do I take?" "What do I do?" "How much of it?" And everything. Of course, all the stuff that really worked got no major airplay.*

Why We Need a Vaccine Recovery Protocol

*"It appears by collusion, by design due to censorship and the World Economic Forum and Bill Gates and other special interests **wanting that narrative completely suppressed so that they could offer these mRNA shots as solutions to a problem that it looks like they created**. Now when we look at that, the well-intended nature of saying, "Hey, take this much Vitamin D. We need to have your Vitamin D levels above 50 nanograms per milliliter." "Take ivermectin," which gets, of course, vilified as horse paste, which is horse pucky in my opinion. **It's really an incredible medicine** and it's proven itself in this situation time and time again. When you look at those kind of things, you go, "Well, why aren't they telling us what's going on?" It brings a whole new slew of questions. But really, what I wanna go down is not that rabbit hole. I would just want to go into it creates a thought process among a lot of us, and particularly people who are coming from the allopathic medical system that **we need a protocol**.*

We need a instruction sheet essentially of, if you do A, B, C, D, E, then what's gonna happen is we're gonna get resolution in the vast majority of cases. I think that proved itself out when we were talking about Vitamin D and Vitamin A and Vitamin C, especially. When we were talking about ivermectin, when we were talking about quercetin and zinc ionophore, some of the great work that Dr. Z did, just incredible work that he was doing at the outset. I think when you look at all of that, it creates a mentality in the practice of medicine that says we need protocols. I'm going to say that that's fine. A protocol is fine when you're talking about an infection, right? But when you're talking about someone who has been immensely traumatized, as the people who are injured, severely, moderately, and severely injured by the damn shots are, when you're talking about this other factor of emotional trauma and abandonment, because these folks, you have to understand what they've gone through.

*They have not only **endured a severe injury and one that threatens their lives** for the folks that are still fighting right now, and that has its own mental consequences every day. But they also have to deal with the **gaslighting**. They also have to deal with the **abandonment** and the abandonment on both sides -- the **abandonment from their government** and the **abandonment from doctors** who have good intention, but then realize when they get in there, maybe they're in over their heads and they start ghosting some of these folks. I've heard crazy stories of good doctors saying, "Hey, this is too much for me," and just bowing out, but just bowing out and ghosting people who need. So that creates this abandonment. You know what I'm saying? This sense of, "My God, can anybody help me? Is anything going to work? Am I going to die?" This is what they deal with on a daily basis, the people especially that are*

severely injured. They deal with the constant mental-emotional struggle of, "Am I going to die?" That creates a lot of emotional trauma.

Health Problems that the Shots Create

So, I don't think when we're talking about people who are injured by the shots, that it's good enough to put out a protocol. In fact, ***I think we do everyone in disservice when we start talking about protocols*** *as if there's an instruction manual out there and people who have no real knowledge of their body, no real knowledge of nutrition especially, are going to be able to desynthesize all of this information and all the things that have to happen in order to give them a chance to take a sequenced approach to dealing with this issue. You see,* ***the issues are immense****. When we talk about the severely injured, we're talking about the* ***potential of genetic modification,*** *especially if there is a MTHFR mutation and they don't methylate very well. So we're talking about the potential genetic modification. We're talking about with the* ***mRNA sequences*** *and the* ***N1-methylated pseudouridine****, the* ***synthetic pseudouridine*** *in there that it just doesn't seem to break down very effectively and therefore, the cell can keep reproducing spike glycoproteins. We're dealing with that issue.*

We're dealing with ***spike glycoprotein accumulation*** *and then* ***lodging in to different tissues*** *and* ***sticking to red blood cells*** *and* ***adhering to alpha-7 nicotinic acetylcholine receptors*** *and* ***glutamate receptors on the nervous system****. We're talking about now the great work that Kevin McKernan is bringing up with the* ***plasmids being found*** *and the likelihood of creating* ***incubation effect in dysbiotic microbiomes*** *so that if somebody got the damn shots and they didn't realize they had an E. coli infection, they didn't realize they had a candida or a yeast infection, that now those can be incubators for prolonged production of spike glycoprotein. We're talking about* ***underlying conditions that they may not have realized before****, things like* ***delayed food allergies*** *and things that lead to a* ***hyperexpression of histamine and histamine release on the system*** *and the role that plays in the* ***upregulation of interferon*** *and the* ***upregulation in tumor necrosis factor****. And how those two set off a chain of events in two pathways.*

One, the ***interferon with pseudouridine that leads to massive protein synthesis errors****. And two, the* ***tumor necrosis factor that leads to massive cellular adaptation*** *and the* ***advent of cancer cells****. I'm going to challenge you a little bit later. I'm going to challenge you to look at cancer a little bit differently, and I'm going to ask you a question. Is cancer bad? A lot of you are going to say, like I used to say, "Yeah, it's bad," but I'm going to ask you a question a little bit later. What would happen if the body wasn't able to form cancer cells? Because that's an important question for us to answer in this segment, in this series. When we talk about protocols, they're well intended for the people who are severely injured, but I think what it grossly underestimates is the emotional trauma and the array of factors that someone working with people who are severely injured have to consider in order to help them have the best opportunity to deal with the immediate issues, spike glycoprotein, neutralizing it, dissolving it, binding it, getting it out of the body.*

Restoring Function Post Spike Glycoprotein Damage

***Restoration of function in terms of the nerves**, restoration of function, in terms of the viscosity of the blood, **making sure that we're not in a sticky blood state**. So there's a lot to this. And so, any notion that someone with no knowledge of nutrition, no knowledge of clinical experience working with people, no knowledge of really their own body is going to be able to sequentially go through what is happening and what needs to happen step by step by step for them, and to be able to adjust on the fly, that's a big deal in these situations. The notion that someone without that level of expertise is going to be able to do that on their own because they followed something on a website, well, in my professional opinion, that's foolish, and it sets people up for failure. It sets people up to have a false belief about, in this case, natural medicine, **a false belief that says natural medicine doesn't work. It's nonsense**. **It works great**.*

*It **works great when it's used properly and when it's understood**, which is why it requires a skillful hand and why you'll hear me say it is more challenging to practice than brain surgery. So, if you're interested in what we have to share today, and I hope you are, I want to take you on a journey and share everything that we're learning and working with people who are severely injured because there's, I think, a lot to share, and I think there's a lot of hope for everyone out there that is severely injured. **We are closing in on the solution**. I can feel it in my bones, and we are almost there. I feel like we're knocking on the door about to walk through it, and I hope you'll hang in there with us so we can get you the information that just might save your life. So one of the things that we've been really leaning on heavily in working with people who are severely injured is **Hering's Law of Cure**.*

Hering's Law of Cure

***The body heals from the inside out, from the top down** and the reverse order of symptom presentation, and that's basically it, those three rules. The body heals from the inside out, which would give incredible credence to us paying attention to the microbiome as Dr. Sabine Hazan has been saying and now Kevin McKernan and what naturopaths have been saying for ever since we've come into being professionals. We really have to make sure that we have addressed and we've assessed and addressed any dysbiotic flora in the microbiome. So in a few segments, we're going to talk a little bit about testing that we're doing 'cause I think it's very exciting and very, very pertinent, and I think you're going to have a lot that you want to hear with that. There's one add-on, though, to Hering's Law of Cure, and this is something that's come through my clinical experience and so many other natural practitioners' clinical experience. When we're taking people through healing processes, the thing is you'll get people and **they'll have some bad days**, and usually **the bad days come between day 7 and day 17 when you're working with someone**.*

It's all the time. We see it in the blood and live blood cell analysis, ***we see that the blood gets really, really sluggish*** *because* ***cells are pushing out so much waste****. So there's a basic saying that we're using now to help encapsulate what's going on.* ***Cells detox, but bodies cleanse****. It's not enough to just put the cells in a state where they're pushing waste out like the broken-down spike glycoprotein, for example.* ***You also have to get it out of the body****, you have to bind it and then get it out of the body. Whether that's through* ***bowel movements****, whether that's through* ***sweating****, whether that's through* ***urination****, whether that's through* ***exhalation****, it doesn't matter, but it's got to get out. So cells detox, which is huge and super important, but bodies cleanse and you have to have both going on there. So a lot of people use the terms detox and cleansing interchangeably, and they can be, I guess a little bit, but they're really not the same thing.*

It's just like detoxing and fasting are very different things. So, it's a subtle thing I want you to be aware of, and we need to do both. Let's ***get the waste broken down*** *and* ***out of the cell****, detox, and then let's* ***bind it and get it out of the body****. And that's when we start seeing resolutions. I just had one of our students in the Art of Cellular Healing program sent me his most recent labs. We wanted to verify after he finished a stage 2 process where we're using diluted food-grade hydrogen peroxide and binding agents and a lot of really interesting nutrients. He was concerned that maybe he had spike glycoprotein going on in his system again. Well, we just got confirmation through his labs, extensive lab panel, we don't have that going on anymore, at least from what we can see. We don't have his D-dimer level was completely with zero. So there's no D-dimer, there's no clotting going on. The prothrombin time, nothing. The inflammatory markers, nothing. So what that tells us is we're not dealing with spike glycoprotein so much.*

We've ***effectively lowered spike glycoprotein load****, which is super exciting. It tells us that the path we're on is working to prepare the body for fasting in stage 3. Now, when we talk about Hering's Law of Cure, the importance of it is that it helps us read the body. I can't tell you* ***how difficult it has been to read what's going on in the healing process****,* ***especially in the first couple of weeks*** *of working with people. You get into these situations where people are going, they're having dysautonomia* ***POTS type syndromes****. The* ***tachycardia*** *is going up, their* ***heart's racing****, and you're trying to figure out what is going on and whether it's safe or not. So we're checking, O2 saturation levels. We're checking heart rates. We're doing everything we can to read the body, because the other problem is nobody wants to go to the hospital if there's an emergency situation, even though we're like, "Hey, you're going to have to go, if it gets to that point," nobody wants to go. The trust has been so destroyed. So it falls upon us to read what's going on with our student population.*

I keep saying students because we created at the Energetic Health Institute a pioneering way to teach, and that is through experiential education. Students can come in and study with us and just do the didactic work if that's all they want to do, that's fine. But there's also a supervised

experiential component that we take folks through who are qualified to go through it and with tons of support because support is so essential to this healing process. So ***with Hering's Law of Cure, we have the body heals from the inside out, from the top down and in the reverse orders of symptoms****. So, a lot of people that we are working with will go, women especially, "I got the damn shots and then I had a huge,* ***very painful menses*** *much faster than I'm supposed to. Whereas normally it's 28 days, it came 14 days after the shot." So what we're seeing with folks is when they get into stage 2 and we start getting into the detoxification and cleansing levels of this process, what's happening is return of those symptoms, Hering's Law of Cure.*

We just had one of our students have a very painful and unexpected menses, but what happened after it was exciting. What happened after it was she had a full autonomic reset, and what she started doing, her ***body started going into some twitching*** *and things like that. Her* ***nervous system was starting to recalibrate itself****. She was like, "Doc, this is so cool because I haven't been able to have one of those kind of dural unwinds or autonomic resets since I got the damn shot over a year and a half ago. This is the first time it's happened." What happened before, and this is the key I wanted to bring you to, she was feeling really, really good right before the return of the menses early and before the twitching and the autonomic recalibration, she was feeling really, really good. So there's really a fourth thing that we're seeing clinically with Hering's Law of Cure. The body heals from the inside out, from the top down and in the reverse order of symptoms.*

Healing Responses

Healing reactions*, what some people call* ***healing crisises****, what we call* ***healing responses****, all these words for the same thing,* ***those occur right after a person is feeling really good****. When they get a preview of coming attractions window, it's what we call it, people will start feeling really good for a couple of days and they're like,* ***"I haven't felt this good since I got the shot."*** *For me, in the first cycle through, I go, "Okay, something's coming. We're about to go on a rollercoaster ride," and it usually happens like that. Now, imagine if somebody out there, imagine you're out there, you're trying a protocol and you have a moment where your autonomic nervous system starts recalibrate and you're like, "What is going on with my body?" Imagine you have a situation where you go a little tachycardic. Imagine you have a situation where you have a heavy menses or something comes back, some return of symptom comes back. Do you know how easy it is to misinterpret that?*

Do you know how easy it is to misinterpret that that it's bad and that you're moving in the wrong direction when in actuality that's exactly what your body needed to have happen, to clear out the lethality of this bioweapon in the body? So that's why I'm saying to you, it's professionals who care with a plan over protocols. ***I don't think it's wise for people to try to heal alone on this****. If you're moderately to severely injured, it is not a good idea for you to try to do this by yourself.* ***It is a great idea to work with people who know what they're doing in natural medicine.*** *I can tell you right now, I'm training as many people as I can on what we're doing, and we are*

very excited about this direction, and I hope you are too. When I'm working with students and with all these incredible people who are pitching in, we have some great folks that have been helping us through the Canadian COVID Care Alliance, just incredible people. We have great staff at the Energetic Health Institute.

When I'm working with people, the thing that really jumps out is we have to constantly reevaluate, "Hey, what would I have done differently to make the process a little bit easier?" Let me not kid you, ***if you're severely injured, if you're moderately injured by these damn shots, the road ahead is difficult****. The road ahead is going to push you to your limits of who you are and what you're about. You are going to find depths of your own persona, of your own spiritual development that you didn't even know were there. You're going to find out who you really are, and that gets very exciting, but it needs a helping hand. When I'm looking at this, I also have to go in and reevaluate my performance, and I'm constantly reevaluating my performance. "What could we have done to make this process just a little bit easier?" Get into that whole Bob Marley positive vibration kind of mentality.*

"What could I have done to make this a little bit easier so that we can make this easier on the next groups that are coming right after it?" We can make sure that this is teachable, that other people can replicate the success of what we're seeing. Working with all these really brave, brave people, what they go through, what they endure, their faith is just so incredible. It's such a privilege to be able to work with this group, and I'm sure that we're gonna have that same experience with future groups. It's just such a blessing. But when I evaluate my own performance, I go, "Okay, ***what would I have done differently****?" I can tell you right now, one of the things I would've done differently from the outset, I would've been much more demonstrative with this first group on testing.* ***I would've been much more adamant that we begin with testing before we really start anything****. And several tests in particular that I think I'm gonna recommend confidently now to every single person who is moderately to severely injured, the* ***first test I'm gonna recommend is going to be a delayed food allergy panel****.*

Recommended Tests – Delayed Food Allergy Panel

This is ***something I've been doing with all of my patients*** *when I was taking patients and I've been* ***recommending for students forever****. People say, "Well, you're not taking patients anymore." I want to clarify that if I can. I am not taking patients anymore in my career. I am only taking students. So it doesn't mean I'm not working with people, but when I work with people, it'll be as a student so that you are learning how to heal yourself so that you don't need me. My job is to become obsolete in your life, and I can't do that by having people depending on me and not learning themselves. So I've said, "That's enough for me and my career with patients, but I want to take on millions of students," is really where I'm at with it. I want to be able to teach you how to heal yourself because that is possible. No matter how bad of a situation you're in, it's possible. So when we're looking at testing, I said, "Well, what would I do?"*

I would start with a delayed food allergy panel*, which is what I start with with every patient anyway, but for this reason. So many people who are injured have a very real, and I mean very* ***real issue with histamine and histamine release****. That becomes a big problem for us because* ***histamine is going to inspire activation of interferon****,* ***which is going to inspire activation of pseudouridine enzymes****. When pseudouridine enzymes activate, you get massive, and I mean* ***massive, protein synthesis errors****. So we're going to talk about that in its own segment in a few here. But when histamine goes up, interferon goes up, and when histamine goes up, interferon goes up, typically* ***tumor necrosis factor goes up as well****. Now what you start getting in is cells going into an adaptive kind of cancer-like state where they are going to resist going through apoptosis or cell, pre-programmed cell death. They're going to have some ability, moderate to mild to evade immune detection, especially if the immune system's dysregulated already, which we know the spike glycoprotein does.*

Addressing the Root Cause: Histamine

So you get this whole cascade of problems. So for us in natural medicine, it always comes back down to the root. ***What's the root of all this? The root in this instance is histamine.*** *And so, we have to be able to* ***minimize the body's release of histamine because it'll then lower interferon*** *and* ***lower tumor necrosis factor*** *and start shifting the body back into a homeostasis that's more conducive for healing, which is exactly what we have to have the body in at the cell level. So, when we look at delayed food allergies, for instance,* ***we'll look at 184 different foods and herbs****. If we see foods that are personalized to that person's bloodstream, we don't have to guess about their diet anymore. If you're somebody out there who is severely injured, moderately injured, and you're always worried about what you eat now, I get it. I've been at dinners with whole groups of people who are severely injured and you can see them, there is a very, very real, very real fear about their foods.*

So, this is something that can take that fear out of the equation, and we have to start removing things from this equation, so ***we get the diet right****. Of course,* ***organic*** *as well, but we get the diet right. We don't put foods in the body that the immune system is going to react to.* ***We lower histamine****. With that, we also* ***focus on trimethylglycine to help clear the excess histamine****. We* ***focus on Omega-3 fatty acids*** *to activate the anti-inflammatory eicosanoid pathways. We focus on* ***quercetin*** *for a number of reasons that we're learning, but also to* ***stabilize mast cells and reduce histamine release****. When you put that cocktail together, those 3 nutrients, with a very, very precise and personalized dietary approach based upon the person's immune system, well now you've eliminated the histamine conundrum. You start helping to drop interferon levels and you start helping to drop tumor necrosis factors, and this is really, really great stuff.*

*The next testing that we are very adamant about is **microbiome testing**, but not just any microbiome testing. You see, there's a lot of microbiome testing out there like Dr. Hazan's ProgenaBiome, fantastic. Make sure you go to a good company to get microbiome testing when you're going to do it. We use a different company, but we use a different company because we get one added little benefit. That added benefit that we use that we get is called **sensitivity testing**. Now, **what sensitivity testing will do is if there is a pathogenic, a dysbiotic E. coli or some other bacterium**, they'll culture it and then see what kills it, what natural agents and prescriptive agents can kill it so we don't have to guess. They'll also do the same thing for yeast and candida. So, we can actually see not only what's in there, but we can know clinically what can kill it.*

***If we can eliminate that, you now have dealt with two major vectors for long-haulers** and people with moderate to severe injury from the damn shots. You have **eliminated the possibility of incubation effect**. With the long-haulers, the incubation effect would be an infection in a dysbiotic microbiome that SARS-CoV-2 incubates and keeps producing copies of itself in the microbiome. **This is why the person has long-haul because their microbiome is supporting an incubation effect for the infection**. The same thing is true when we're talking about plasmids, Kevin McKernan's work. Great, great work. The same thing is true there. What we're talking about is you still got to clear out the bad bacteria. Dr. Chetty brought this up. Dr. Ardis has brought this up. There's people that have figured this, starting to hone in on this, but **you clear out the bad microorganisms and now you remove the possibility of plasmids** creating spike glycoprotein and spike glycoprotein being this incessant problem in the body. So it gets really, really exciting.*

*So **delayed food allergy testing, microbiome screening with sensitivity**, wherever you can get it, primo. At the school, at the Energetic Health Institute, we're offering these screenings for people and especially our students going through this healing process with us. Then we look at the basic labs. **We look at the complete blood counts**. We look at the CBC, the **comprehensive metabolic panels**. We want to **check on liver enzymes**, the ALTs, the ASTs and things like that. We want to see a **lipid panel**. We want to see is the cholesterol too high? Is the cholesterol too low? We have to look at Vitamin D, of course. We want to see are you over that 50 nanograms per milliliter mark. We have to look at a few other things. I love doing a full thyroid panel, and I love doing an AM cortisol because those 2 hormones, cortisol and thyroid hormone, are going to be essential for energy production.*

***That's really what stage 1 of the healing process is all about, getting mitochondria producing energy**. Every single cellular function in the body is energy dependent, save for passive diffusion and osmosis, **everything else requires energy**. So that makes energy the foremost of considerations when we're going through any healing process, but especially one*

that's challenging. We also are looking at doing just a general anti-nuclear antibody because we want to see is there an autoimmune condition going on? We've seen some folks who do have ANAs that are resulting, even though none of the other subsequent tests for scleroderma or lupus or rheumatoid arthritis are resulting, which suggests that there's some new autoimmune condition going on, which we suspect is the immune system having an autoimmune reaction against itself, which is disastrous.

Recommended Tests for Blood Clotting

This was what we were so concerned about in 2020 about the theory of these damn shots. So, there's some essential testing that you can get done on there. Now, when we're talking about ***looking at clotting in the clotting cascades, it's D-dimer, it's troponin, it's homocysteine****. It's going to be* ***PT/INR****. It's going to be* ***fibrinogen****. There's some basic things that we want to be able to check. The way we've approached it in our testing is like, "Hey, I definitely need to know about diet." So that's going to be that food allergy panel, the delayed food allergy panel. We're measuring IgG1 and IgG4 antibodies. We definitely need to know about microbiome. We need to know, is there a pathogenic bacterium or yeast that's going to act and really facilitate this incubation effect that so many people around the world are experiencing? We need the basic blood work.* ***One of the panels I forgot to mention would be just a basic serum ferritin and iron panel****. We want to know,* ***is a deficiency of iron an issue here****?*

Is there some kind of anemia going on in the basic lab work*? And then we look at the clotting. Where do we really begin? To me,* ***sudden death syndromes have all been based upon myocarditis and blood clotting****, so cardiovascular-related. So we need to get an immediate assessment of the cardiovascular system so that we can see where someone's at. I got to tell you, on follow up--for the folks that we've been doing this with--on follow up after they finish stage 1 and stage 2, we don't see any cardiovascular signs. We even get reports of people who've had severe chest pain, they're not having that chest pain anymore. If they are, it is so minute that it's just more of a remnant of fibrinolysis of some scar tissue around the heart. That's going to be remodeled over the course of the next really 12 months, especially as we're taking other enzymes.*

Benefits of Serrapeptase

Serrapeptase is really, really important for tissue remodeling *when there's a lot of scar tissue, for example. So the idea is that what we have is a plan that's its entire thought process, but I need information. The thought process is, and is basically this:* ***don't guess when you can know****. Don't guess about what your diet's supposed to look like when you can really know. Don't guess about whether you have a microbiome issue or not if when you can really know. Don't guess about an anemia issue, a thyroid issue, a cortisol issue, when you can really know. Don't guess about an iron issue when you can really know. Don't guess about a Vitamin D level when you can really, really know. These are all key things to assess. Then when it comes to clotting*

and the concerns of, "Oh, my God, am I having that spike glycoprotein, hemagglutination glycosylation sticky blood thing going on? Is that what's happening?" Well, it might be. So don't guess when you can know.

***Have the D-dimer levels checked. Have the fibrinogen checked. Have the PT/INR checked. Have the homocysteine levels checked. Have a CRP or an ESR something or a pro-inflammatory marker checked**. Have these things checked so we know what we have to deal with. Some people say, "Well, that's a lot." Yeah, it's a lot. This is a big situation, of course, it's a lot. But this is the beauty of testing. **When you test, you get valuable information** either way, it's always a win. Either you learn what you have to improve, you learn what is a problem and an obstacle to cure that you have to address or you learn that something you've checked for is fine and you don't need to worry about that. Maybe you might get lucky, that's actually a building block for you. No matter what results you get on a test, you're getting great information. Information that's going to help drive clinical decisions and help the person working with the injured make the best decisions they can make under very, very adverse circumstances, so consider testing.*

*I think it is important and be liberal, if you can be liberal about anything, **be liberal with testing and getting as much information** about the people you're working with as you possibly can. When practicing natural medicine, it's important to have a thought process and a plan. I think it's important to teach people how to think and not what to think. It's really a hallmark of all of our education at the Energetic Health Institute. When we were looking at this problem, I said there's going to be so much information coming at us. We need to have a framework with where we can put that information, organize that information so we understand when to use what, because I'm going to tell you, folks, sequencing and timing is a very, very big deal. I am not a fan, and I have not seen any of the kitchen sink approaches work at all.*

*In fact, I've seen them be just so complex and so overwhelming for people that it ultimately becomes a diminishing returns experience. The thing that we want to do is **we wanted to create a thought process**. So to create that thought process, I designed something that we termed **The Art of Cellular Healing**, which was, how can I teach all of this information that we have amassed with natural medicine and get it condensed into a thought process so that people who don't really know much about it whether they are seeking help or whether they are seeking to be able to help, or both because we have a lot of folks that are doing both, they're learning how to heal themselves because they want to go out and help people heal. The big deal for us was how do we get all of this information and get it condensed so we can accelerate the learning process so it doesn't take 12 months to 18 months for someone to get what we're doing, that they can get the benefits immediately from it?*

The Art of Cellular Healing

*So what I developed with **The Art of Cellular Healing was a 4-stage process, really it's 3 stages**, but I'm going to tell you about the fourth stage. I did this in direct response to all of this nonsense with cancer and Stage I, Stage II, Stage III, Stage IV -- Stage IV being the worst. In The Art of Cellular Healing, **stage 4 is the best**. That's where we're moving towards. **So stage 1 of The Art of Cellular Healing is all about focusing on mitochondria** and **giving them all the nutrients they need to produce energy and focusing on the cellular environment**, because what we're seeing is if we have a cell, the environment around that cell is incredibly toxic for most people. **When the cell is in a toxic environment, it's going to inspire histamine release and pro-inflammatory markers**. It's going to inspire then interferon and, therefore, it's going to inspire tumor necrosis factor.*

*When you have those things going on--histamine release, interferon, tumor necrosis factor--what you have is pro-inflammation, what you have is **activation of pseudouridine enzymes that lead into protein synthesis errors**, and everything in the body is protein synthesis. And you have the adaptation, the cellular adaptation of a cell into, really, a survival mode, which is what cancer is, a desperate final attempt at survival. That's where I'm going to challenge what you may think about cancer very shortly. So when we look at those challenges, it becomes, okay, well, what is stage 1? **Stage 1 is really we've got to get energy producing because we got nothing if we don't get some energy being produced**. Stage 1 is, let's clean up that. Let's start the process of swapping out all that waste and junk outside of a cell. Let's swap it with good nutrients.*

***Let's swap it with alkalinity**. Let's swap it with the things that we know are going to be very productive for a cell being able to heal. Because you think about it like this, a cell is going to exist basically in a water type medium. **If the water is loaded with nutrients, and if the water is at the right pH**, then what happens for that cell is it's like, "Whoa." It's like being on a beautiful white sand beach in Bora Bora for that cell. It's like, "I am loving this. I am going to start doing everything. **I have the energy, I have the desire to heal**," and **everything starts working because the cell starts drawing from that nutrient-rich environment.** The cell starts drawing, and when those nutrients get into the cell, all of these biochemical reactions within the cell start really going. It starts really, really working for the cell.*

Stage One of the Healing Process

*So for us in stage 1, it's all about the simplicity of **getting the cellular environment nutrient-dense**, **getting the cell a much more healthier environment to exist** within. The byproduct of that is dropping the histamine response and then the subsequent dropping of interferon and tumor necrosis factor. So it's a really, really simple thought process. It's not a simple process, but a simple thought process. Now, with that in mind, in stage 1 there's going to*

be some ups and downs. So the first time we're taking people through it, we take people through a ***stage 1 process that lasts 28 days****. Hopefully, there's some testing that has been done beforehand. When we take them through this process in stage 1, usually somewhere between day 7 and day 17,* ***there's a little bit of a rollercoaster ride because the body is now clearing out, cleansing out some of that waste****.*

So ***we have to use a binding agent like fiber, like psyllium husk powder*** *to help the body clear some of that waste out. We have to* ***encourage bowel production****,* ***bowel performance and urination****.* ***We can't use sweating for most people yet****. I'll explain why when we get into a little bit more detail on it. So* ***we can't use things like infrared saunas in the first stage****, it's too much on the system. Then we get to stage 2.* ***Stage 2 is where we are now detoxifying the cell and cleansing the body****. What we're using are specific compounds like diluted food-grade hydrogen peroxide to dissolve the spike glycoprotein. I'll talk a little bit more about that. We're going to do a whole special little segment on stage 2 and what it's really about. But the idea is now it's about clearing this spike glycoprotein. Get this out.*

Stage Two of the Healing Process

So ***stage 1 is going to be mitochondria****. Stage 1 is going to be cleaning the cellular environment. Stage 1 is also* ***lowering the glycosylation effect in the bloodstream****. It's* ***helping getting the viscosity right so that we aren't dealing with a sudden death blood clotting kind of issue****, so that's covered in there too. But* ***stage 2 is about detoxification*** *and* ***really getting into neurology****, really getting into where there may be spike glycoprotein bound to acetylcholine receptors and glutamate receptors, and maybe even some other neurologic receptors that we're not aware of because the spike glycoprotein has a tremendous binding affinity for some of our receptors in our nervous system, and that's, of course, by design. What we look for in stage 2 is about* ***clearing out spike glycoprotein****. So what are we checking for there? We're looking for just simple stuff.*

If you had a tachycardic situation, is it starting to resolve? Yes, we're seeing that pretty much across the board, which is very exciting. If you're having chest pain and it's feeling like, "Hey, I might have a heart attack," 'cause we hear this all the time with folks, then stage 2, we're seeing that that's resolving it. So ***I'm super confident that we've figured out how to break down spike glycoprotein and start clearing it en masse from the system****, which is huge for this whole healing process because then after that, we are left with two major things. We're left with one, genetic modification and/or elongated life cycles in the mRNA, the modified mRNA sequences. So what we're really dealing with at that point is the possibility of where more spike glycoprotein might be made in the body at the cell level.*

Stage Three of the Healing Process

*So this is where we want to get into **stage 3, which is all about fasting**. It's all about **autophagocytosis and DNA repair**. The things that people say can't happen, nonsense. Absolutely not only can it happen, **it does happen for every single one of us whenever we are hungry**, all right, it's the key of keys. Without that, we wouldn't make it to 2 years of age. So it is happening all the time. We want to help the body make it happen because that's where we can un-GMO somebody. We can take somebody, turn them from a GMO back into just a good old-fashioned human being, which is, I think, the goal there. So when we look at this, there's 3 stages to The Art of Cellular Healing in terms of therapeutics. **There's stage 1, mitochondria, cleaning up the cellular environment, making the cellular environment nutrient-rich, getting it to the right pH**, also dealing with any thickness of blood, any sticky blood, just dropping it down.*

***Stage 2 is about detoxing the cell, getting that spike glycoprotein broken down, get it out of there and cleanse it from the body**. Remember, cells detox, bodies cleanse. And all of that work is to prepare for stage 3, which is really the goal -- fasting. **Fasting**, where we get autophagocytosis, which is going to be an incredible, to me, **it's the most potent medicine ever**. It's the most potent medicine we know of, the ability to go into a fast. I asked people this last week. I said, "Just can you tell me," a thought experiment, "tell me one thing that man has ever made that fixes itself. Tell me one thing that man has ever made that fixes itself." We got nothing. There isn't one thing ever made by man that heals itself, fixes itself, not one. But this is what's so beautiful about the work of God.*

***This wonderful body we're living in is designed to heal**. **It's designed to fix itself**, and that's autophagocytosis and DNA repair. **When do those things happen? When we are hungry**. It's why animals go when they're sick or injured and just go lay down somewhere and sleep until they're better. Either their body will heal or it won't, but most of the time it will heal because their body is designed to heal. So for us, **I would love to start people immediately on fasting, but we can't because their cellular environment is so polluted**. There are so many obstacles that fasting would be just too arduous, and fasting is already challenging enough. So we have to prepare through stage 1 and stage 2, we have to prepare the body for fasting.*

*Once we've prepared the body for fasting and we get to that fasting point, now we get through full cycle. **We've done a stage 1, we've done a stage 2, we've done a stage 3, now what do you do? You rinse and you repeat**. **You do it over and over and over again** each month, stage 1, stage 2, stage 3 each month for what we are suspecting is going to be a 3-to-6-month cycle that we have to keep doing. So there might be anywhere from 3 to 6 different times that a person is going to have to go through stage 1, stage 2, stage 3, to really recover a significant portion of their genome **so that the body is no longer making spike glycoprotein.***

Stage Four of the Healing Process

Then what we're left with is just remodeling their body *from the effects of all of the scar tissue that has been created as a result of dealing with this bioweapon. That takes a little bit of extra time, but it's a easier process, so it is possible. I can say that confidently. We've already seen it work with people who are mildly to moderately injured. What I'm proving right now is that we can do it with people who are severely injured, and that's the great honor of my life to be able to do that. So you might be thinking to yourself, "Doc, you said earlier there were 4 stages. You keep only talking about 3." Well, for us, stage 4 --* ***stage 4 healing is you don't need me, and that's your stage 4****.* ***You just go on living your life*** *and, hopefully, having worked so hard to re-earn your health, you* ***appreciate the importance of making sure you know what goes into your body from this point forward for the rest of your life****."*

Dr. Bryan Ardis - Natural Medicines for Envenomation

Dr. Ardis' Hope for Humanity

"I can't stand that there's been ***this distrust created to try to divide the human family****. My new hope is that* ***we all drop those shackles of fear and distrust*** *of others that has been purposefully and intentionally ingrained into us every day through the media. I really do hope that we can actually* ***come out of that imprisonment of fear, anxiety, and panic,*** *even to just share time, touch and close proximity and sharing time together physically around the world as a family, as a human family.*

That's my number one hope. And then the number two hope is that, man, there's been so much, I hope and pray, so much seeking, so much awareness that ***there's a lot of deception and evil and criminality and fraud in the medical profession worldwide****, that* ***people start turning and gravitating themselves to putting more faith and hope, new hope in nature*** *and in the things you're putting into your body and how they might impact your body.*

Why You Shouldn't Trust Everything the Government is Giving

I mean, if anything, you didn't know what was in the COVID-19 shots, and for those of you who are injured, once you volunteered and trusted your government to give it to you, and you were injured, now you know ***you can't trust everything the government's supplying to you****. I mean, why would you?* ***You shouldn't trust the water they're giving you****, and you're paying them to deliver into your home. I mean you shouldn't have 100% faith that that's all just clean and healthy for you. Why?* ***There's toxic levels of chlorine and fluoride for one****.*

***Glyphosate in your water**. That's toxic. Oh my God, you've learned nonstop from what I've been sharing with the world that **there are venoms**, that **all of them are water-soluble** and are listed since 2006 as a likely source of terrorism for all governments around the world that they could put into your water systems **to create illness, death, and chaos**, they say. They can put marine defensive poisons, which are conotoxins, in your water systems listed in 2006 as a weapon to create pandemics around the world.*

***You cannot fully trust everything that they're giving you.** You can't trust the air with all the chemicals, all the fire retardants on your furniture included. It's **time for the world to wake up,** and my new hope is that you guys will take an appreciation that you can't fully trust everything that's being supplied to you physically.*

*And it's **very important that you take care of yourself emotionally, spiritually, and physically**, which means stay grounded spiritually and emotionally, and then please **pay attention to what you're putting in your mouth, what you're swallowing every day**, and then take the steps to **make improvements in your diet**. If you start to see your symptoms start to occur or your life starts to fade, to not be as great, as blissful, as it once was, or as symptom free as it once was, that you will now take a look at what you're putting in your body every day, putting on your body every day, and then you'll start taking steps and actions to supplement things you're not putting into your mouth that are a part of your diet. That's the definition of what a supplement is.*

***Supplements are supplementing those things you aren't getting from your diet**, and you're doing a great job of educating people on that, as well, and we're all trying to. But there are specific minerals, vitamins, herbs, extracts, that are actually extremely beneficial for your health, that should be implemented every day in your health. And you should take those basic steps, I would suggest, that we're all trying to educate you on, to **make improvements, simple improvements on your diet, make simple improvements with supplements, and then research on your own, and then pray, and follow your gut, and follow your intuition**. God wins.*

You do not have to have full faith in science. You don't have to believe Dr. Ardis or Jonathan Otto, Joe Biden, Anthony Fauci, our prophets, seers, and revelators. None of us profess to be Gods. None of us profess to know all things. But, oh my God, we do love researching, teaching you what we're applying in our own life as principles to make improvements to our life and our living experience here on this earth. You only get this life once. You might as well live one as symptom free as possible, and disease free as possible. And I absolutely believe that's what God intended when he put us down here.

And then put people, like you learn about in the New Testament, there are people with spiritual gifts, and what are some of those spiritual gifts? ***The gift of healing****.* ***Why don't you look for people who are healers?*** *There are individuals who have been given the gift of healing. Spiritually, they are in tune to help guide you through the healing process. It is not listed that there is a spirit of poisoning that is a gift of the spirit. That is not listed in the New Testament as a gift of healing.*

But that is what pharmakia is all about, that's what the pharmaceutical industry is about. And I would like to continue to ***help and believe that there's going to be a new level of hope and respect for God's creation, which is the human body****, and the natural substances He put on the earth to support our incredible natural organism He created, which is you and your children and your parents, and keep faith in nature. Bring it on. That's my hope.*

Evidence on Venom and COVID-19

There are things we can debate that don't have an impact on your life, your physical life, your spiritual life. They really don't. They're just fun topics to discuss or hammer out your viewpoints. But when it comes to ***venom and COVID-19*** *and the weapon that is venom, listen,* ***Dr. Ardis wasn't the only one that said it****.* ***Chinese researchers in January of 2020 confirmed it****.* ***French researchers in April of 2020 confirmed it was venom. Cobra toxin, bungarotoxin was the spike protein.*** *And then, oh my God,* ***Italy study confirms 36 different venoms.*** *That was in June of 2020, published in October of 2021. Now in January 28th, 2023, Dr. Chetty, MD, out of South Africa is getting the same Italy researcher to help confirm what long hauler COVID patients who are not responding to traditional therapy over the last 3 years.*

It was replicating in the intestines of these long hauler patients, snake venom peptides, starfish venoms, and cone snail venoms. *I mean, why do I have to confirm that for the world? There's people that are doing it who are lab technicians and researchers.* ***They've already confirmed it multiple times.*** *This is what I want you to understand. This is what's crazy to me, and here's some hope that's been extended to many, many people around the world, thank God.*

How Nicotine Eliminates Venoms in the Body

Even before the receipt to me of products people wanted to get tested to confirm the venoms when I dropped the Watch the Water documentary. In the researches, and at the end of that first interview, I published the number one antidote was nicotine. Do you know what's interesting? ***Not a single medical professional on the entire planet has***

brought up nicotine, asked me about nicotine, talked to audiences about nicotine*. No one said anything. What's weird about that is the only reason why I said that is it was published by French researchers in April of 2020 that* ***the target receptor of venoms is nicotinic acetylcholine receptors*** *that have a higher God-created affinity for nicotine, and then venom can't bind to them to shut off the nerve's function or that cell's function.*

So ***when you introduce nicotine into the body, the venom gets let go****, and the cells come back on because nicotine turns that receptor back on. Imagine my shock, Jonathan, from my research to then be able to tell the world* ***this is why smokers aren't dying from COVID****.* ***They're the least dying, hospitalized demographic of all demographics,*** *period, on the planet ending up in hospitals and dying from COVID are smokers. And they proposed in April of 2020, nicotine is binding to nicotine receptors venom, called spike proteins, are targeting.*

When we introduce that nicotine patches, nicotine gums, nicotine pouches, nicotine products of any kind could be applied to the body of individuals injured with long hauler COVID symptoms or could be used as a protective agent for future variants, Otto, I have had hundreds of thousands of people this last year reach out to me directly, come up to me at events to actually say ***their long hauler COVID symptoms of tinnitus, massive amounts of ringing in their ears, POTS symptoms, brain fogs, taste and smell loss, tachycardia****, that they saw all these symptoms persisting for months, sometimes 2 years. And within 45 minutes to 3 days of using nicotine products,* ***all of it disappeared***.

That was ***all based on the principle that COVID's spike proteins are venoms****. That's all I did was tell you this is the antidote they're using for venoms. And when you apply that product in these people you're waiting to see are the principles published in venom research about nicotine receptors being their primary target and that nicotine blocks venom from causing disease and symptoms at those cells. When I told the world to put it in them, like smokers are doing incidentally, if you put it inside of you, it should relieve your symptoms. When you see it's doing that, it's only based on venom research. That's it. So you take the principle, you apply it to the masses, and you see improvements. It's incredible. It's incredible.*

I would love to hear scientists try to figure out how Jesus raised Lazarus from the dead and be able to articulate how He did that physically. I'd like them to produce a research study to tell me how Jesus did that. But boy, millions and millions of people around the world believe He did it and have 100% faith that He can heal you even today. Physically impossible when Jesus says on the Mount of Olives, I think it was the Mount of Olives

when He does His sermon on the Mount, and He has a loaf of bread and 2 fishes. And He says, "I'm going to feed the 5,000 people here with this."

I would like to find a scientist right now who would like to conduct and create a study to tell me how Jesus did that. We know and have faith in miracles, in the miraculousness of life that God created. Just because you can't explain it doesn't mean it didn't happen. Just because you didn't see it, and you didn't see it first, doesn't mean it's not real. Take the principles and apply them. If they do, just know it's all based on envenomation and venom research. That's all it is, and it's been an amazing, amazing thing.

This is just one aspect. And then when you're looking into- All I was looking for was hope. So here's some new hope, too. Those of you who've been injured, there are many, many topics that Otto's shared. Tons of it. When I brought out the "Watch the Water" documentary, my concerns were 2 things primarily. The weapon they're using is venom, and you just don't realize it. Anybody around the world, you just don't know that's what they're doing. I did not tell you it was killing everybody. 99% of everybody lived. It wasn't a toxic dose of venoms worldwide. They just were able to make you sick and then use a fraudulent viral test called PCR test to tell you you had a virus you didn't have. You had venom.

So that's what I wanted to convey to the world. It is venom. Medical doctors, you look at it as venom, treat people as if it's venom, and you'll win. And the basic principles for COVID, a lot of them already overlapped. They didn't know. None of the medical doctors knew Hydroxychloroquine and Ivermectin blocked venoms to a certain degree and had 50% inhibition properties against venom. They didn't know that until I told you and showed you. I mean, they didn't know Vitamin C inhibited venom. They didn't know that glutathione, NAC stops the blood clotting cascades of venoms from snakes. They didn't know that. They just know it was working for COVID. So, thank God, they knew it was working for COVID and worked out those conclusions.

But there were basic principles and products and things in nature that would've actually solved the majority of all problems related to all things COVID, including nicotine, licorice root, hydrogen peroxide, food grade. I mean, there's all kinds of stuff. You and your urine therapy. I guarantee if you look right now, you can look up- And Ed Group's done a great job of doing this presentations and putting the research together, and go learn from him at the Advanced Medicine Conference of Dr. Buttar's. He did a great presentation on urine therapy.

So these are some of my hopes. So inside of research for gene therapy, this is not new. All geneticists that are working on gene vaccines are using venoms, venoms in all their

research to cleave or cut your RNA or DNA. That's what they do with it. So inside of the COVID-19 vaccines is what's called snake venom phosphodiesterase. It's in all their research papers by Drew Weissman and Katalin Kariko.

The reason why I brought the information out about the venoms, and my concerns that venom's in the shots, because it's in the research papers of the people who made them, to make the mRNA shots. It states the component of venom they use, called snake venom phosphodiesterase, they publish that it is inhibited, destroyed, denatured, detoxified by glutathione, N-Acetyl Cysteine, Vitamin C, and completely inhibited by EDTA. They publish that. So why wouldn't I want to bring that out to the world that any of you that have gotten these shots, you better start putting this stuff in your body? Because they know snake venom is degraded, denatured, detoxified, and helped to be eliminated by these 4 published nutrients.

And I will throw on top of there, every patent, that is, every patent describes how it is you take venom from a frog, a poisonous dart frog, or a scorpion or a spider or a snake or a marine toxic sponge in the ocean that has venom. How you take the venom to make a vaccine, you have to detoxify the venom first, and they publish it. They say the commercial industrialized standard to detoxify venoms, all of them, is to use hydrogen peroxide. Hydrogen peroxide breaks the protein bonds of venoms, so it changes its shape so that it cannot be as toxic or deadly as it was before. And then there are principles like bentonite clay that will bind to it, licorice root that'll bind to it, ashwagandha that'll bind to the venom peptides so you can bring them out.

So one is, you want to break them apart. You want to get them off your nerves, which is what nicotine helps with as a product, a natural product. By the way, nicotine's not addictive. Nicotine, for those at home, they've lied to you about that. They added pyrazines, a chemical, to tobacco and nicotine to make it addictive in cigarettes. That's what the tobacco industry did. And you can read their study from Harvard in 2015 about how they figured that out from the tobacco industry's own documents. They couldn't find nicotine and tobacco were addictive enough for people to keep buying their cigarettes and using them all day so they added over 600 chemicals to tobacco cigarette products. And one of them was called pyrazines. And pyrazines makes them addictive. Don't be afraid of what God put on the earth and the tobacco plant, and nicotine's also found in tomatoes, potatoes, and other vegetables. There's lots of vegetables that have small amounts of nicotine in them.

If it was bad for you, why'd God put it in there? If it's bad for you, why did God put nicotine receptors inside of you? He put that plant down here, not me. Not Otto. He put that stuff down here for you, for just such a time as this. So don't let them deceive you.

My hope is that people will constantly turn to their own intuition after doing their own research and, hopefully, as we speak truth and share information and research and protocols and products, my prayer is that their hearts and minds will be pierced with the spirit of God to know what's true and what's false. And then, hopefully, they're motivated to go do their own research and continue to learn like I love learning every single day, and I know you do, too. Research, study, and then get on your knees, meditate, pray and ask God what's right for you. And of all the things you've researched and studied, what should you be applying? And I would always reach for those things that are natural first, personally.