

UNVEILING THE HIDDEN TRUTH

EXTENSIVE COMPILATION OF ARTICLES, STUDIES, AND EXPERT OPINIONS
ON VAXX RISKS AND EMPOWERING HEALING PROTOCOLS

Unlocking Cellular Healing and Regeneration Through Fasting

**An Extensive Compilation of Articles, Studies, and Expert
Opinions on Vaxx Risks and Empowering Healing Protocols**

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Introduction

Welcome to ***“Unveiling the Truth: An Extensive Compilation of Articles, Studies, and Expert Opinions on Vaxx Risks and Empowering Healing Protocols.”*** In this comprehensive ebook, we embark on a journey to shed light on the intricate and often contentious topic of vaccine risks, delving into a wealth of valuable information, evidence, and expert insights.

With the ever-increasing global focus on vaccinations and their impact on public health, it has become imperative to have a full understanding of the subject. This ebook serves as a valuable resource for individuals seeking an objective analysis of the risks associated with vaccines while exploring alternative healing protocols that empower individuals in their pursuit of well-being.

Chapter by chapter, we will navigate through a diverse range of perspectives, scientific studies, and expert opinions, presenting a comprehensive compilation of information that encourages critical thinking and informed decision-making. Our goal is to provide readers with a balanced exploration of the benefits, risks, and controversies surrounding vaccines, while highlighting alternative healing approaches that can support and strengthen our bodies’ natural defenses.

In “Unveiling the Truth,” we strive to expose the truths that have been hidden, offering a factual and evidence-based examination of the subject matter. We acknowledge the importance of open dialogue, respectful discourse, and the empowerment of individuals to make informed choices regarding their own health and the well-being of their loved ones.

Whether you are a concerned individual seeking answers, a healthcare professional looking for comprehensive research, or simply someone interested in gaining a deeper understanding of this complex topic, this ebook is designed to provide you with a valuable resource.

Our intention is to equip you with the knowledge and insights necessary to navigate the landscape of vaccine risks and explore empowering healing protocols that can complement conventional approaches.

We invite you to embark on this enlightening journey with us, as we delve into the compilation of articles, studies, and expert opinions that form the foundation of “Unveiling the Truth.” Let us embark on a quest for knowledge and understanding, empowering ourselves and fostering a more informed and balanced conversation about vaccines and healing protocols.

Together, let us unravel the complexities, separate fact from fiction, and ultimately empower ourselves with the truth.

The History of Vaccines

Uncovering the Origins and Development

UNVEILING THE HIDDEN TRUTH

The history and origins of vaccines are rooted in humanity's quest to combat infectious diseases and protect public health. Vaccination, as a preventive measure against diseases, has a long and evolving history that spans centuries. It is important to approach this topic objectively, considering the scientific advancements, historical context, and societal impact.



The concept of immunization has ancient roots, with early forms of inoculation practiced in various civilizations. For instance, in ancient China and India, a technique called variolation was used to induce immunity against smallpox. This involved intentionally exposing individuals to smallpox material in order to elicit a milder infection and subsequent immunity. While variolation carried risks and was not without drawbacks, it demonstrated an early understanding of the potential benefits of controlled exposure to diseases.

The watershed moment in the history of vaccines came with the groundbreaking work of Edward Jenner in the late 18th century. Jenner, an English physician, observed that individuals who had previously contracted cowpox, a less severe disease, seemed to be protected against smallpox. Inspired by this observation, Jenner conducted experiments and developed the smallpox vaccine, using material from cowpox pustules to induce immunity against smallpox. This marked the first successful use of a vaccine and laid the foundation for the subsequent development of immunization strategies.

The field of vaccines further advanced in the late 19th century with the work of scientists like Louis Pasteur. Pasteur's experiments and discoveries focused on the concept of attenuation, where the disease-causing agent is weakened or rendered harmless. He developed vaccines for diseases such as anthrax and rabies, utilizing attenuated or inactivated forms of the respective pathogens. Pasteur's work expanded the understanding of vaccines and their potential applications.

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Throughout the 20th century, significant milestones in vaccine development were achieved. Bacterial vaccines and toxoids were developed to combat diseases like diphtheria, tetanus, and pertussis. Viral vaccines emerged, targeting diseases such as polio, measles, mumps, and rubella. These achievements were made possible by advances in cell culture techniques and the ability to grow and replicate viruses outside the human body.

In recent decades, modern vaccine technology has witnessed significant advancements. Genetic engineering and recombinant DNA technology have paved the way for the production of recombinant vaccines. These vaccines involve the insertion of specific genes or viral components into harmless vectors to elicit an immune response. This technology has enabled the development of vaccines against diseases such as hepatitis B and human papillomavirus (HPV).



The history and origins of vaccines reflect a complex interplay of scientific discovery, technological advancements, and public health initiatives. Vaccination campaigns, alongside improved sanitation, access to clean water, and other public health measures, have played a crucial role in reducing the burden of infectious diseases and saving countless lives.

It is important to note that vaccines, like any medical intervention, are subject to ongoing research, scrutiny, and regulation. The scientific community and regulatory bodies continuously assess vaccine safety and efficacy, addressing any concerns or adverse events that may arise.

Approaching the history and origins of vaccines from an objective viewpoint allows us to appreciate the immense impact of vaccination on public health while acknowledging the ongoing efforts to advance scientific understanding and ensure the safety and effectiveness of vaccines.

Smoke in Mirrors

Exploring the Facts Big Pharma has been Hiding



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The course of history has witnessed numerous instances where the priorities of Big Pharma have diverged from the well-being of the public, with profit and control often overshadowing transparency and ethical considerations in the development and distribution of medications.

Here we will expose the hidden practices, controversies, and potential conflicts of interest that permeate Big Pharma. Through rigorous research and critical examination, our aim is to shed light on the concealed truths that lie behind the smoke and mirrors, empowering readers to make informed decisions about their health and encouraging them to question the prevailing status quo.

It is important to emphasize that our intention is not to discredit all pharmaceutical advancements or the dedicated individuals working within the industry. Rather, our exploration invites a nuanced understanding of the landscape in which pharmaceutical companies operate, fostering a more discerning approach to pharmaceuticals and encouraging open discussions about their role and impact on our health and well-being.

By unraveling the hidden truths, we seek to cultivate a society that is knowledgeable, equipped with critical thinking skills, and engaged in thoughtful dialogue about the influence of Big Pharma. Empowering ourselves with knowledge, asking important questions, and engaging in open discussions are essential to navigating the complexities of the pharmaceutical industry and ensuring the best possible outcomes for our health and well-being.

Before we can begin to understand the hidden truths, we need to be knowledgeable on what is the “Big Pharma” exactly and what impact it has on the pharmaceutical industry.

“Big Pharma” is a term often used to refer to the largest multinational pharmaceutical companies that dominate the pharmaceutical industry. These companies are characterized by their extensive resources, global reach, and significant influence on the development, production, marketing, and distribution of prescription drugs and vaccines.

Big Pharma companies are typically large corporations with substantial market share in the pharmaceutical industry. They often have extensive research and development capabilities, manufacturing facilities, and global distribution networks. They are companies that are driven by profit motives and are accountable to their shareholders. They invest heavily in research and development (R&D) to discover and develop new drugs and treatments that can be profitable in the market. Patents play a crucial role in the pharmaceutical industry. Big Pharma companies secure patents for their innovative drugs, granting them exclusive rights to produce and sell those drugs for a specified period. This exclusivity allows them to recoup their R&D investments and generate profits.

Big Pharma companies invest significant resources in marketing and sales efforts to promote their products to healthcare professionals, hospitals, and consumers. They engage in direct-to-consumer advertising and employ sales representatives to promote their drugs to physicians and healthcare providers. Due to their economic power and industry significance, Big Pharma companies often engage in lobbying activities to influence healthcare policies, regulations, and legislation. They advocate for favorable conditions for their products, such as streamlined drug approval processes and intellectual property protection.



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Big Pharma has faced criticism on various fronts. Some concerns include high drug prices, aggressive marketing practices, influence on medical research and clinical trials, patent abuses, and limited access to essential medicines in lower-income countries.

It's important to note that while the term "Big Pharma" is often used in a critical context, not all pharmaceutical companies fit the negative connotations associated with the term. Many companies within the pharmaceutical industry contribute to important medical advancements, innovation, and public health initiatives. Additionally, regulation and oversight exist to ensure the safety, efficacy, and ethical practices of the pharmaceutical industry as a whole.

AN EXPERT'S INSIGHT – NEIL MILLER

"The CDC and the FDA and the World Health Organization, in my opinion, have been captured by Big Pharma. The media has been captured by big pharma. Big tech has been captured by big pharma. They are censoring in accordance with the wants and desires of big pharma. I believe that the big pharma and medical industry, big tech, the media are all right now in collaboration to move and to herd the American people, the people of Australia, Canada, UK, Europe, and around the world, down a very dystopian path, and we need to wake people up before it gets much worse. And so, I'm sorry to be the bearer of this type of news, but at this point, it's all hands on deck. And if you are aware of these problems, find your niche area of expertise, find an area where you can contribute and where you can help. If you have knowledge in any way, if you have friends that are going to vaccinate their children and they have not yet done their research, help them with their research.

Now, if they've made up their decisions, move on to somebody that's interested in what you have to share. Don't waste your time on those who are not interested in what you have to say, but carry on. And everybody, I wish you well, we're all in this together, and we can win this war against humanity if we all can wake up and work together in collaboration and understand exactly what we're up against. I send my love to everybody and I support all of you in this effort to move forward to a more utopian society, not a dystopian one."

EXPERT INSIGHT - DR JAMES "NEU" AND PATRICIA NEUENSCHWANDER

Dr. James "Neu": And then all of a sudden you have this vaccine, the COVID vaccine, that is so much worse than any vaccine we've ever had. And now all of a sudden you have people from the mainstream going, "Well, you didn't test this. You didn't do animal testing. You didn't do any long-term trials. It's not like any other vaccine. Most vaccines are studied between 1 and 10 years." No, it takes them that long to develop it, but they're actually studied for a few weeks in terms of safety outcomes. And that's just crazy.

Jonathan Otto: So a bit of smoke and mirrors there across the board. Things that make it appear as if there's a lot of safety being done here, a lot of precautions in place, a lot of observation, the time that it takes to manufacture it, and roll it out, and the business development of that process, and that's the time-heavy part, the manufacturing. But then what you're saying is the actual process of monitoring the child, I believe our last conversation you were



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saying that they monitor the child on the 42nd day and then at 2 years, and that's it. No, no, 6 months. But what was the numbers?

Dr. James "Neu": So if you look at the measles vaccine, what they did was they had the kids come back at 42 days to draw blood, because they wanted to see if they had antibodies, and while they're there, any adverse outcomes. That's how they got the side effect panel for that one. That was at 42 days, we're done. For hepatitis B, it was reported they checked in with them for the first four days or five days, depending on which one you used. The one Trish was talking about was actually the HPV vaccine, which that one, they monitored them over the short term to look at who was responding. But then they also had a follow-up at six months. And I believe at a year on that one as well.

And there's a recent MMR study, a big one, a legitimate study. But of course, it's a new MMR vaccine compared to the old MMR vaccine. And guess what? They have the same side effects. It's like, duh, a pack of Camel cigarettes versus a pack of Marlboro cigarettes, you have the same rate of cancer, therefore, cigarettes don't cause cancer. That's their logic. But with that one, they did follow up at six months to see were there are any new conditions. And what they found was three and a half percent of these kids had a new medical condition, chronic medical condition, after the MMR vaccine. Why wouldn't that be shocking?

And most of that was eczema. And eczema's not a skin problem. Eczema's an immune system dysfunction. And it's linked with neurodevelopmental delay. It's linked with ADD, it's linked with autism. And they just sweep that under the rug. Everything's fine.

If you look at our schedule, there's a new combination vaccine called VAXELIS. Well, not so new. The FDA approved it a couple of years ago. It still hasn't been put on our schedule because when they compared, they had VAXELIS, which is six vaccines, and they compare it to Petacel, which is five vaccines, plus the hepatitis B, which is the one that was missing. They basically compared six to six, along with the rest of the vaccine schedule. 93, 94% of kids had an adverse event in both groups. But because it was the same, it's fine. 93%. I mean, it's crazy.

I get so frustrated every day with COVID because they're just trying to shove this vaccine down everybody's throats. They're threatening people's jobs. "Oh my God, Dr. "Neu", what am I going to do? They're going to fire me if I don't get the vaccine." I can't write them a medical exemption because there are none. I'm pretty sure the only exemption in the United States for the COVID vaccine is death from the COVID vaccine. So if it kills you, you don't have to get a second one.

But outside of that, they're even saying anaphylaxis isn't a contraindication, an anaphylactic reaction to the vaccine ingredients. Well, the only thing in there that isn't brand new is the polyethylene glycol, the PEG. And the CDC here is saying, "Hey, if you have an anaphylactic reaction to PEG, you could still get the vaccine." It's like, what?

But that's the logic. And this whole thing about, if you say something enough times, it becomes true. Vaccines are safe and effective. Vaccines are safe and effective. Vaccines are safe and effective. This is a vaccine, therefore, it is, all together now, safe and effective.

And that's the logic. We saw ACIP after they decided that they were going to combine the COVID vaccine with other vaccines. Well, even the committee members were going, whoa, caught a little unawares on that one. Do we have any studies? And they sort of hemmed and hawed and said, "Well, we're hoping for some results from a small study this summer." Meaning no, we don't have any results. And after some discussion, the CDC, basically, she said, we've got a 40-year history of safely combining vaccines. And that was their justification for recommending vaccine combinations. I mean, you can't make this stuff up. It's like, how is that science to have Amanda Cohen, who's the co-chair from the military, think from the Air Force, decide that we're going to do this because we say so. Vaccines are safe and effective. This is the vaccine, therefore, it's safe and effective. That's their logic with all this stuff.

They look at it as a flu shot. And most doctors look at it that way. It's just another flu shot. No, it's not. And even if it was a flu shot, go look at the side effects of the flu shot, the injuries from the flu vaccine. And nobody recognizes it. I get a vaccine. I go to the doctor two weeks later. I have chest pain. Could it be from the vaccine? Nah. Why not?

Jonathan Otto: It's safe and effective. It's not possible.

Dr. James "Neu": Exactly. It's not even on their radar. If I'm in a car accident, and two weeks later I go to the doctor and say, "Man, I'm having some chest pain. Could it be from the car accident?" Could be. We better do an X-ray, do a CT, check it out, see what's going on. Maybe had a myocardial contusion or something. They would consider it in their diagnosis, but not with vaccines. It can't happen.

Jonathan Otto: Probably because you didn't get the vaccine. Oh, he's got a bit of chest pain. Might be because you didn't get this vaccine.

Dr. James "Neu": There you go. Because that's not safe and effective.

Jonathan Otto: It's like any symptoms that people are experiencing, oh no, someone's in trouble right now. Well, I wish they had got the COVID vaccine. It's the indoctrination. If only they had got the vaccine, they would have been okay. And it's just so sad. I'm seeing good people that are really sharp thinkers, but they're getting sucked in by this cult. And it's a cult-like mentality. I think that's what you're bringing up, the fact that the definitions of a cult is basically, you're outside the club, you're in trouble. And that brings up all that tribalism of what it feels like to be outside of a society where you'll starve out there by yourself. So that's not a good feeling and everyone's afraid of that. And a cult would be, we trust implicitly in our leader without question. And whatever they say is the truth. And we blindly submit. And so these definitions of a cult, and then they completely fit.

This hexavalent vaccine, I remember doing some research on this one. I remember something like 1,300 children, or something, in the group. And there were several deaths in the group. I think over 10 or something. And then hundreds of the children reported not eating for days, and hundreds of the children screaming and crying for days after the shot. This seemed like a real kind of torture of a shot. And that just made my blood boil and I just felt really sick to my gut reading...

Severe Immune Thrombocytopenia Following MMR Vaccination



This study was mentioned by Dr. James Neu when he disclosed that children developed chronic health conditions shortly after getting the MMR vaccine.

The MMR vaccine, also known as the Measles, Mumps, and Rubella vaccine, is a combination vaccine that was designed to allegedly provide 'immunization and protection' against the recipient against three viral diseases: measles, mumps, and rubella (German measles).

It contains weakened or inactivated forms of these viruses, which stimulate the immune system to produce a protective response.

According to the study, children develop severe immune thrombocytopenia shortly after getting inoculated with the vaccine.

This condition is characterized by a low platelet count (thrombocytopenia) due to the immune system mistakenly attacking and destroying platelets in the bloodstream.

Platelets are blood cells that play a crucial role in clotting and preventing excessive bleeding.

Severe immune thrombocytopenia is life-threatening to children, as scientific literature discloses that it is very rare to reach that level of severity.

If the platelet count drops very low (below 10,000 platelets per microliter of blood), spontaneous bleeding can occur. This can manifest as significant bruising, nosebleeds, gum bleeding, or even internal bleeding in rare cases.

The case study reveals that the condition develops two to six weeks following vaccination and occurs in approximately three in every 100,000 children vaccinated.

**Unveiling the
Scientific Truth
The Real Dangers of the Job**

Efficacy of RNA Vaccine Candidates Against COVID-19 in Healthy Individuals

This study was mentioned by Dr. Bryan Ardis on several occasions, which he often referred to as the “Pfizer Clinical Trials.”

This study was conducted by Pfizer and was sponsored by BioNTech.

Its main purpose was to evaluate the safety, tolerability, immunogenicity, and efficacy of the RNA vaccine against COVID-19 in healthy individuals.

The study consisted of three phases: Phase One, which focused on identifying the preferred vaccine candidates and dose levels, and Phase Two and Three, which were compressed into a single phase, which focused on garnering data on the efficacy of the vaccine.

A total of 195 participants or 13 groups were used in Phase One. The participants of the study were expected to participate for a maximum of approximately 26 months.

Shockingly, approximately 2000 participants in the study were children, aged 12 to 15 years of age. The current health status of the children who participated in the study remains undisclosed. Further, it did not state how the informed consent of the children was obtained.

The study revealed shocking information, which Dr. Ardis also made mentioned on several occasions.

First, under the Clinical Overview portion of the paper, the researchers expressly stated that this would be the first time that the BNT162 vaccines based on modRNA would be administered to humans.

Meaning, there is no data available from clinical trials on the use of BNT162 vaccines in humans ever.

Second, the Risk Assessment portion of the paper disclosed the possible risks associated with the shot, namely:

Potential for local reactions such as Injection site redness, Injection site swelling, and Injection site pain. Systemic events such as fever, fatigue, diarrhea, muscle pain, and joint pain.

Third, the study stated that a negative pregnancy test result will be required prior to receiving the shot. Further, in case of a confirmed positive pregnancy, the participant will be withdrawn from the administration of the shot.

From the foregoing, it would seem that Pfizer themselves impliedly admitted that the COVID-19 shots pose a risk to pregnant individuals by withdrawing them from the administration of the shot in the study when confirmed to be positively pregnant.

Fourth, regarding pregnancy, Pfizer in the study mentioned that spontaneous abortion, ectopic pregnancy, neonatal death, congenital anomaly, and intrauterine fetal demise are some of the possible Serious Adverse Events (SAEs) which may occur after pregnant individuals are administered with the shot.

However, Pfizer later on denied that their vaccines are associated or even slightly linked to the sudden spike of stillbirths in pregnant mothers following vaccination with their COVID-19 shots.

Fifth, the study required postpartum mothers (mothers who have just given birth) to report to Pfizer Safety within 24 hours if she was inoculated with the COVID-19 shot and breastfed an infant.

It would seem that Pfizer's study foresaw the possible dangers of vaccine shedding. It regarded the foregoing scenario as a Serious Adverse Event (SAE) on the part of the infant.

This is further strengthened by Pfizer's Female Participant Reproductive Inclusion Criteria which requires that a female is eligible to be a participant of the study and be inoculated if she is not pregnant or breastfeeding.

Lastly, the vaccine's potential to enhance the SARS-CoV-2 virus. This includes the enhancement of the following diseases following COVID-19 vaccination: Respiratory Syncytial Virus (RSV), Feline Coronavirus, and dengue virus vaccines.

Pfizer, in their clinical trials, themselves admitted that their vaccines have the potential to enhance the SARS-CoV-2 virus. However, Pfizer denied any and all liability and claimed that their vaccines were 'safe and effective,' when new and more dangerous strains of COVID-19 were showing left and right.

DR BRYAN ARDIS' INSIGHT ON THE DANGERS

Dr. Bryan Ardis: Brilliant. And he reached out to me, tried to get ahold of me when he learned about all the venom aspect of COVID and when he, and when he did some quick research to see what's the impact of Venoms on copper, they mimic identically. Everything that we have been discussing that he's been teaching people about that glyphosate does glyphosate depletes the body of copper. He has worked directly with Stephanie Sev for years and communicated with her, there's this copper connection where you're depleting copper and it's affecting downstream every aspect of life and disease processes. And when he quickly looked up to find out, Dr. Ardis is talking about this venom effect of COVID and the spike proteins. Does venom like bunga toxin and colu toxin do venoms deplete copper? Oh my god. It's exactly what it does. It mimics every single side effect. And then to look into, and I discussed it in the interview, to discover that glyphosate is published to deplete the cells copper and zinc reserves, and then floods it into your blood where it's not utilized in your cells anymore. And then the cells draw in magnesium from the blood to activate the glyphosate. This is no different than what all venoms do in the human body too. So in the presence of venoms, the cells will deplete copper and zinc and kick it out of them. The cells will become diseased and die and then it will suck in magnesium venoms do to activate the venoms from the blood. So a doctor looking at your blood only would see in a patient elevated copper and zinc and depleted magnesium.

Updates on the Pfizer Clinical Trial

Dr. Bryan Ardis: “So February 15th, just a few days ago, the FDA was supposed to meet to discuss authorizing and extending the authorization to inject all newborns that are 6 months old to 4-year-olds to get the Pfizer shots. Now, in the clinical trials leading up to this meeting, they were finding supposedly that 2 shots that they were planning on approving for 6-month-old to 4-year-old children in America, they didn’t see adequate data suggesting to them that they should actually push 2 shots, these lesser dose shots than the adult shots for Pfizer. So what they did is they postponed the meeting for February 15th, and they haven’t rescheduled it yet.

However, this is not a good sign because the FDA said they’re postponing the meeting because there is an ongoing clinical trial with the Pfizer shots, and they believe that a 3rd shot will give them the data they’re wanting. And if they see a robust, they consider, antibody production from the 3-shot combo for Pfizer, they are then going to approve 3 COVID-19 Pfizer vaccines for all 6-month-old to 4-year-old children. So, this is not a good thing. There should be none of these shots being given to children. They are the least group affected by cases for hospitalization of COVID-19 and the least to die from COVID-19 during this entire pandemic.

So we have been warning families, parents, teachers, grandparents, that the fact that they postponed this meeting does not in any way suggest that the FDA, out of the sincerity of their heart, are reconsidering the idea of vaccinating all children. You don’t know this, but the American Medical Association just a few weeks before February 15th, already has established the CPT codes for all pediatricians and medical doctors in this country of the shot codes for giving shots to newborns, 6-month-old to 4-year-old.

So they are not not going to roll this out. They are gonna be bringing these COVID-19 shots to all children, 6 months to 4 years old. They are now considering more data from a continued trial when they now are going to suggest 3 shots are needed to consider a 6-month-old to 4-year-old fully vaccinated. So, please be warned and please do not accept this Emergency Use Authorization that the FDA will give to Pfizer. They will do it. There’s nothing gonna hold them back from doing it. They’ve just postponed it because they believe 3 shots is gonna be better than 2.

Jonathan Otto: Wow. That’s diabolical.

Dr. Bryan Ardis: It is diabolical. Can I speak to that by the way?

Jonathan Otto: Yeah, please do, please.

Dr. Bryan Ardis: The diabolical side of this is, just 3 months ago on November 8th, and we showed this on your first docuseries, the Circulation journal, which is actually written by the American Heart Association, they published that the mRNA vaccines, they titled this publication a warning. They stated that the mRNA vaccines dramatically increase inflammation of the endothelium or the lining of the heart leading to increased blood clots, cardiomyopathy, and vascular events, including strokes and heart attacks, immediately following the mRNA vaccines. So, the American Heart Association published that the mRNA shots, which is what Pfizer and Moderna



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are, that these shots are causing dramatic increases in blood clots, heart disease and strokes. And this is what they're now pumping into all 5-to-11-year-old children in America. And now they're going to consider extending that actual use into 6-month-old to 4-year-olds.

I can't think of anything more ridiculous than pumping a drug into children, who it is a rarity for to have any blood clot disorders or heart disease. But they're gonna authorize a shot that's already being published by the American Heart Association in November of 2021, that they are concerned, and have published a warning that those shots dramatically increase heart disease and blood clot disorders. So yes, I have a lot of concerns for this. Parents should not consider this open or a reasonable idea to allow their children to get these shots, nor should anybody make any parents feel guilty for not doing so. This is definitely an experiment, and they should not be projecting it on any children of any age."

MORE OF **DR. BRYAN ARDIS'** INSIGHT ON THE COVID-19 BIOWEAPON

Dr. Bryan Ardis: Isn't that odd that we now have another pandemic correlated to and identified and published to actually have the same mimicry, same mechanism of action and same defined findings as HIV-1's glycoprotein, which is a snake venom component that interesting that the same deadly toxic infectious parts of the SARS-CoV-2 virus are also snake venom components from two different snakes, cobra toxin and crate venom. And then the solution was venom. Venom derived gene therapy called mRNA gene therapy for the mRNA COVID-19 shots. And then the solution was to inject you with many people around the world, AstraZeneca, Johnson and Johnson Novavax and corba VX vaccine out of India. These are all what are called subunit protein CO 19 vaccines. That means they don't instruct your body to make the venom spike proteins. They're injecting you with the spike proteins that were identified to be cobra toxin and crate venom bunga toxin.

Those were the solutions for another pandemic that was also created symptoms wise. C created by venom based compounds called spike proteins. Spike proteins, by the way, everybody, if you haven't heard me say this yet, is really just a play on my opinion, the word snake protein. They just don't want you to know what it is. So let me find here. Rem desi severe. I'm gonna show you what rem desi severe populated to have inside of it. First ingredient was sterile water. That's great. We, we wanted there to be water inside of it, even though it's a ized freeze dried powder. There should be remnants of water. then we found weaponized bartonella in there, which attacks the nervous system and the liver system and the organ systems of the gut and your hormone glands. We found mycoplasma nanotechnology, weaponized lung flukes and rem desi.

DR. HENRY EALY

"Let me share a couple other things here with your audience. We've also published on Sayer Ji's Green Med Info, COVID-19: Restoring Public Trust During A Global Health Crisis. This is a 422-page beast that we published. We published this not necessarily for the layperson. We published it to support attorneys and elected officials, so that they could have peer-reviewed evidence and a collection of information on important topics like asymptomatic transmission, PCR testing, effective treatments for COVID existing, violations of federal law, where we referenced



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this paper over here again, inaccurate projection models that really have led us astray, violations of medical ethics and clinical trials, and all of the immense problems with the published clinical trials. So if all somebody did was read this executive summary that we put here, you would dial in really quickly. And then, at the end, we have ways that you can take action because we like to share information and then empower people. Oh, there's that word. And then, teach people how to tap into the power they already possess to take action on these things.

So Pfizer, the Pfizer clinical trials for the booster was put into effect by the National Institutes of Health in January of this year. And they finished their Phase 3 clinical trial a couple of days ago on this, which is shocking. We've never seen something go from inception of clinical trial to conclusion of clinical trial in essentially a few months, because once the clinical trial came up in January, they still had to enroll participants. So the clinical trial actually didn't get underway, at the earliest until February. So we're looking at is basically maybe about a five month clinical trial, which is insane. Okay. There's no way to confidently assess safety with that. The main Pfizer clinical trial is now scheduled to end May 2nd, 2023. So that's where some of that confusion comes in where people are saying, "Well, the Pfizer clinical trial is over." No, the booster clinical trial is concluded and concluded far too rapidly, in my opinion. The main Pfizer clinical trial is still ongoing as are the that Johnson & Johnson and the Moderna National Institutes of Health clinical trial, as well.

Clinical trials are not going to end in the United States until late 2022 and early in mid-2023. So we still have a substantial amount of time where long-term data is going to be collected. And I still think that the long-term data they're collecting should extend to 5, 6, even 10 years for something like this and not be relegated to 3 years, through basically a 3-year timeframe. I think that's far too short. The clinical trials, the first thing is, most clinical trials fail. So, I think that's the first thing. Clinical trials can be shut down, terminated for one death. We know there were many. I don't want to say many, but there were multiple deaths in the clinical trial, in the Pfizer clinical trial and the Moderna NIH clinical trial. But for some reason they kept pushing them forward. The big problem we have with this situation right now is the FDA and CDC have suppressed safe and effective treatments for the COVID infection. And the reason they did that was because if there are safe and effective treatments that have approval, even under EUA, it eliminates the experimental gene therapy. You can not have an experimental product accessible by millions of Americans, hundreds of millions of Americans, if there is a safe and effective treatment that is established.

So that's the why of that. The why of that was they wanted to get this experimental inoculation to market. They wanted to get it there as fast as possible and present it as the only solution, the single solution, because this is going in line with the globalist agenda for control. Controlling mass amounts of people and profiting off of that control.

And I'd like to take things back to a simple thought process, right and wrong. What is going on right now, what has been done by key people in the CDC, the FDA, the administrations, both the previous one and the current one, is wrong. And we have to have the courage to be able to call it what it is. And that's what many of us are doing right now, and paying to do that as well. And I'm not going to back down from any of this, so I'm in it. I'm in it till we win."

MORE INSIGHT FROM **DR. HENRY EARLY**

Dr. Henry Ealy: We heard septicemia and meningitis brain, you know, inflammation of the meninges, brain fog. Gee, Johnson Johnson. Oh, and and AstraZeneca certainly used CRISPR in their plasmids. But then what does Kevin McKernan show us? That you're not just getting only N1-Methylpseudouridine in the, in the Pfizer, in the Johnson and Pfizer and Moderna shots. You're also getting contaminated plasmids.

So what does that tell us? It tells us that there's likely Neisseria meningitis involved, right? Brain fog, right? Intense, intense and quickly debilitating brain fog. When you think of what's the replication time of the microorganism, the bacteria that's been genetically infected? 20 minutes. There's your regression, there's your intense symptomatology right there. There's your sudden death if it's too progressive too quickly. And their system was already compromised. So who is warning us about this? Well, one of the guys that actually designed adenoviral vectors Walter Doerfler, he publishes this in 2021, where he cites himself at least 14 times that I could find in the references.

That's how you create a biological weapon. It's an adenovirus with a self-replicating plasmid that can get into bacteria and or yeast can also transfect into mammalian cells with a CMV promoter. So a cytomegalovirus promoter, I mean, it's just this, does this, any of this sound good, like a good idea for people to be messing around with? No, they're creating ways to kill us and we gotta do something about it. Adenovirus vector is this is Walter Doerfler still saying adenovirus vector DNA is thought to reach primary primarily cells of the liver and probably also in cells of the immune system. So it's gonna affect, the adenovirus is gonna jack up the liver and the immune system. Gee, what's been going on? Liver's been jacked up in the immune system. We skipped through a couple of these things.

The grated parts of SARS-CoV-2 DNA were frequently transcribed. The authors can, oh, this is that the lung study he's referring to right here. He's just saying that, look, we know this is gen, this genetically infects things. I mean, it's not, it's not un it's not uncommon. So anyway, the point is, there's, there's a lot of crazy stuff going on, right? Well, we have to start talking about what we can do about that.

So one of the things that I want to do is show you some stuff on skullcap. And this is not by any stretch of the full breadth of it. We've seen Chinese skullcap, specifically Baikal, come up in conversations about neutralizing snake venoms neutralizing, spike glycoprotein inhibiting phosphodiesterases for which can potentially help lower the pressure on the head, and also we've seen it in a really, in a number of things. So I've seen it so many times that it's just like it's gotta be something that becomes that becomes a regular part of people who are working on recovering from these genetic infections. It's gonna help fight viruses, bacteria, and fungi.

You know, look at this. When exposed to HIV, skullcap and its active component Baikal, were active against HIV and blocked the activity of enzymes the virus needs to spread. Well, <laugh>, what did we see earlier? HIV is used in <laugh>, in plasmids, in in the CRISPR technology of, of making plasmids. I mean, folks great. Sounds like a good thing. This herb might also kill harmful yeast. Alright, great. It sounds like something else we need in there, right?

PROFESSIONAL INSIGHT FROM **DR. BRIAN HOOKER**

Dr. Brian Hooker: Well, it's very interesting because we've had some individuals who have come into the health freedom movement because of COVID-19. And so now what they're doing is backtracking into, you know, they, they've raised some very, very important questions, but it's not like all of a sudden the powers that be became corrupt because of COVID-19, you know? And so they're noticing this pattern of deceit corruption fraud. And, and so many of them you know, so many of them that are honest and true to themselves are coming to the conclusion regarding vaccines and other biologics regarding the pharmaceutical industry in general, that they have been rotten for a very, very long time. And so, so many of them are waking up. This would include brave individuals like Robert Malone, Peter McCullough, Pierre Kory Steve Kirsch. it's interesting, I I, I'm working on a project right now with Steve Kirsch where he did a Twitter poll, and the Twitter poll was amazingly popular, and it asked questions regarding vaccination status of children and adults, and then the health outcomes of those children and adults.

And he put this, he put this Twitter survey out, it's, it's really masterfully done. It looked like, you know, it was done by somebody like Zogby. And he put this Twitter survey out, and within days he had over 10,000 responses. And so he gave me the information, he gave me the data. So we're in the process of analyzing all the data. But, you know, from a preliminary perspective, and he's already reported on this it affirms the results that we were seen in the Vax-Unvax studies by Anthony Mosson, the Vax-Unvax studies that I did with Neil Miller, and then also the later Vax-Unvax study by Paul Thomas and James Lyons Weiler. And so, you know, seeing very, very strong correlations between vaccine status and asthma vaccine status and autism, you know, the, the autism effect was about five times as great in those children who were fully vaccinated versus those children who are unvaccinated.

And that, that mimics the result that I got on in my 2021 paper, you know, almost dead on. And so, you know, I felt like it's a very good survey. we want to take it to a mainline journal just to see what happens to it at the very beginning. And so we're, we're writing that up right now. I would imagine the mainline journal will reject it outright and I, but I'm hoping we get some type of commentary and some type of peer review so we can sort of pin, you know, peel back that veneer in terms of, you know, what, what these individuals who are so controlled by pharma are thinking. but then we want to then turn around and publish it in a journal who is more open and conciliatory to doing good science.

Jonathan Otto: Wow. Well, that is very interesting. And which part do you think would be best for us to go into detail with in regards to this?

Dr. Brian Hooker: Well there, there are several different directions we could go. I you know, one of the things that we could talk about is you know, it's coming up on the 10th anniversary of my interactions with a vaccine whistleblower, Dr. William Thompson. We can certainly talk about that. yeah, we, we can we can also talk, there were some questions that came up the last time that you interviewed me regarding Gulf War Syndrome and it's connection to vaccines. And, you know, I feel for these soldiers, there are, they are basically human pin cushions, especially those that get deployed. I mean, you know, they're getting 10 or more vaccines to, you know, and these are usually underdeveloped vaccines. They have not, you know, gone out. They're not for public consumption,

they're more for biological warfare agents, and so they're not as developed, they're not as well tested. And so, you know, we have incidents of individuals who never were in the Persian Gulf, but got the vaccines to be in the Persian Gulf, and they ended up getting Gulf War syndrome. So we can certainly talk about that as well. or, you know, whatever you, whatever you'd like to talk about, I can, I can comment on glyphosate as well as you if you'd like.

Jonathan Otto: it's really helpful because I'm really personally trying to work out this connection between the history of these epidemic diseases or pandemic diseases, HIV AIDS being a classic example. Something that we were told was gonna wipe out the whole world. I remember right. Presenting, I was a 17 year old, 18 year old presenting around schools are the stats on hiv AIDS, and how by the year 2050, we'd see basically somewhere north of 250 million people from Africa die from this disease. I mean, who talks about numbers as big as 250 million. But then if you, if you really study hiv, the AIDS, and you look at actually what happened, this is not really getting talked about, but what's getting talked about now is COVID COVID is gonna do this. And so it's like, it's like these masks switched and right. And, and what we're saying that these vaccines are either harmful by, by accident, or intentionally harmful.

EXPERT OPINION OF **ROBERT SCOTT BELL**

Interviewer: Can you tell us a little bit about the harm we get from vaccines? Everything from childhood vaccines, which are something like 70 something vaccines by the time they're 18 years old, and the harm probably much more serious harm called by the jab to our immune system. And on the flip side of that, what we should be doing to, to improve our immune system naturally.

Robert Scott Bell: Yeah. We, a penchant in the western world to believe that we can inject people with toxic poisons, heavy metals, adjuvants that aggravate and irritate the immune system into an immune response along with foreign genetic material from animals, from aborted fetal tissue, from babies that were aborted, as well as you know, various well preservative agents in there that are also toxicological in their, in, in their burden to the body. And, and we don't allow, for the most part, people to ingest these things. Not that, you know, if anybody read the ingredient list on a, on a vaccine, any of them, would you feed them to your children? In other words, would you put them in a spoon and go here, kiddo? You'd look at that and go, are you kidding me? Why would I That's rid ridiculous. That's stupid. Yet they take that, those contents and inject them and bypass the gastrointestinal protections, you know, through the entire elementary canal, whether it be through the saliva, the lymph the microbiome itself, all of these various levels and layers of protection from the outside world getting into the, you know, the inner workings of the body.

And they violate that by the injected in injection method as well. Even though we know that the normally developing immune system, part of the phase of a child born onto this planet is you go in, you see them at one point in their development early on, everything goes into their mouth. Everything. You're like, oh my gosh, they can't believe they put that in their mouth, but this is how their body, the microbiome itself that protects them, learns about the environment that they're in and begins to afford genuine immune protection development of, you know, immune response, whether it be called antibodies or other things. There's a lot of detail that we can go into there. But the vaccine belief system, the cult of vaccinology, does not take into consideration the naturally



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occurring immune system, although it does acknowledge it as a basis, because then it's saying, well, we're trying to mimic that and, and, and bypass it and do a shortcut for it.

And so they'll introduce things that they call antigens in the soup of toxic, you know materials, and they'll introduce it primarily via injection, and that, again, bypasses the, the myriad of layers that you'd normally encounter the outside world. So it gives your body a, a chance, a fighting chance to learn about the world, protect itself against things that are not good for it. And so the, the injectable method bypasses that and creates numerous inflammatory responses with the hopes of, again, their holy grail is the antibody and their hopes of that it will instill or elicit an antibody development response. But the ignorance here is, is, is, is atrocious among the learned class of medical doctors, even in immunology, the base levels of immunology acknowledge and recognize that having an antibody is neither necessary nor sufficient for protection against any given disease that they call it.

And not having an antibody is not a guarantee that you will succumb and be harmed or even die from any infectious disease agent. So if indeed the antibody is not the critical holy grail that they say it is, then why are we willing to risk life and limb of these innocent little children, much less adults now, as they want to you know, expand the vaccination definition and paradigm into synthetic mRNA injections, reprogramming, DNA protein production, for instance, to produce aberrant proteins that then they say, like in the COVID jab perspective, if we can have the body cells produce these spike proteins which are toxic that then maybe we can elicit that antibody response down that next level of a response. In the meantime, there's no off switch to the synthetic mRNA that they inject, right? This is man playing God.

This is an abomination. And this is why the doctors that do this, if they claim to be people of faith, I don't know what faith they have. I think it's in pharmacia, which is sorcery rather than, you know, true relationship with the divine, with the, with the, the true creator, if you will. So the entirety of the vaccine belief system, let's just call it that at it relies on wholesale ignorance of the way the immune system actually works and or arrogance cuz you don't care and you just want to dominate. And of course what you're doing is creating disease in the body of a child that may never have been diseased. And if we go back into some basics in immunology as well, the acknowledgement at the very least within the first two, six months of life, there is no immune system that is fully functional in a baby that could even respond to a vaccination injected to elicit an antibody response cuz it's not there.

They're relying on their mother, the maternal antibodies, maternal immune inter, inter inter well say interventions. It's not really, it's just a natural extension of, for instance, consumption of, of breast milk, for instance. Although now we have generations that have never had these so-called diseases like measles. So they're not allowed to pass on that natural immunity that would provide for some level of protection should they be exposed earlier than they're ready to adapt to it. Whereas in the normal course of childhood, encountering things like measles and chicken pox is arguably a developmental milestone, for instance, in the case of measles, to mature the liver and liver function to get you to that next phase of growth and development. So you grow up to be a healthy non chronically ill human being, but they bypass and violate all of that, never asking the question, Hey, maybe there's a purpose for all of these childhood eruptive diseases, like maybe their rights of passage and development.



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And then if we just keep these kids healthy through good nutrition, sanitation, hygiene, you know, all the things that are basic to the improvement of our health in the 20th century, much less now, not related directly to the introduction of vaccines. In fact, most of the issues of mor morbidity and mortality, much less incidents of many of these so-called vaccine preventable diseases, were on the way out in the 20th century as we see that long decline over decades before the vaccines actually were introduced. And then they erased all of the previous decades, and they blow up the little thing that was already going down in incidents, mortality, morbidity, and they blow that little bit up and say, see the vaccines we're here. And look what happened. Ignoring all of the, the downward trends because of enhances enhancements in, in the way we live in the 20th century, improvements in, in certain things that were problematic, that is living in a toxicological soup.

You know, let's say we have sewage running in the streets. You don't have clean water. What do you think's gonna manifest in such a situation? The terrain has been corrupted. You're living in it, you're exposing yourself to it, and now you see the manifestation of all the diseases that they say, oh, well, vaccines took that away. No, no, no, it was, hey, introduction of sanitation, sewage systems, et cetera. And that's the reality that the, the vaccine industrial complex can't acknowledge because their profit center would diminish to basically nothing. In fact, I would argue in a free market for not only medicine, but all healthcare and healing and prevention methods very small percentage of us would ever volunteer to get a vaccine. Most people get it because it's required for school, even though there are ways to escape that through exemption. But another thing I like to mention here is that if you have to exempt yourself, if you have to ask permission to not get something, that means you're already living, living in a paradigm and belief system where you are owned and controlled and you're begging and pleading to please not be assaulted medically raped medically, or your child's so assaulted.

Shouldn't it be a system of opting in a voluntary choices like I choose to do that because I think it's a better way to go, as opposed to finding out that it's a horrible way to go and you wanna find your way out and they don't let you out. This is what we've seen with the mandatory vaccination campaigns particularly in California and New York more prominently than others, but in, certainly in the COVID crazy cycle. We've been through a lot of governments, a lot of people in governments that believe in collectivism. They don't believe in your individual divinity, therefore they say, take one for the team. And if the vaccine doesn't work for you, it kills you. Thank you for your service, you know, and then, but everybody else is good because you took the vaccine as if it, it can only work when everybody takes it.

What kind of product is that? Buy this product. It'll only work if everybody does it and buys it, uses it. It's absurd on its face. It's so anti-science, much less anti-common sense and logic. so we have a, a paradigm of vaccinology, which is a cult. It's a, it's a fear-based cult that, that sacrifices your children on an altar, you know, if you will. That's like sacrament in a, in a false church or false teaching, a cult, in this case, cult of modern medicine. so the reality is the way to address immunity, natural immunity is to make sure that kids are hydrated. they, they ha their food is rich with vitamins, minerals, nutrients, fats, proteins, all the things that they need, and avoid as much as you can refined foods of man and ultra refined foods that are, you know, pure sugar, pure poison, devoid of vitamins, minerals, and trace minerals.

Or if they're in there, they're fortified in a synthetic form that is not designed by God to be absorbed, utilized properly metabolically. And these things that you think are good become toxic for the body. So there's a lot of things to consider here when you ask the big question about the vaccines and their place or their role in protecting us or protecting children from childhood to adulthood. My children have never been vaccinated. They're now 23 and almost 18, and they're not chronically ill, like I was like my wife was growing up with vaccines far fewer than they have today. You know, 70 to 80 shots and more if you let them. so this is a big, big issue. We still gotta mature I think ultimately spiritually to recognize that God didn't make a mistake giving us an immune system and all the things that we're exposing our systems to, to help us. They're not designed to kill us. However, the vaccines themselves, whether they're designed to kill or not, they certainly elicit chronic de degenerative diseases and they are not facilitating a healthy long life.

EXPERT INSIGHT FROM NEIL Z. MILLER

Neil Z. Miller: Brian Hooker and I recently published two studies where we compared vaccinated children to unvaccinated children. What we found was that vaccinated children were had, had significantly higher negative health outcomes in many different associated with many different health conditions. For example, vaccinated children were significantly more likely than unvaccinated children to develop Attention Deficit Hyperactivity Disorder, autism, allergies, ear infections, gastrointestinal infections, and neurodevelopmental disorders, and to, so today, I, so to, so yesterday I spoke about one aspect of one of our studies where we looked at breastfeeding and how breastfeeding impacts vaccination, and we compared vaccinated and unvaccinated children, and also included the information as to whether or not the, these the mothers of these children were, were breastfed. And we divided these. The, we divided each of the children into four different groups. These were children that were vaccinated and not breastfed, vaccinated and breastfed children that were unvaccinated and breastfed, and children that were unvaccinated and not breastfed.

And and there was a consistent, statistically significant, consistent linear increase in children that were breastfed and unvaccinated were the healthiest of the group. They had the least amount of negative health outcomes. And children in that received vaccines, children that were vaccinated and, and were, were not breastfed, had the worst health outcomes. We also looked at mothers that we looked at different birth delivery the effect of birth delivery on the different health outcomes. For example, we looked at we looked at children that were, were unvaccinated and were born through the mother. The, the birth was was a natural vaginal birth. And we looked at all the way up to children that were vaccinated and had a, had a cesarean section, were born by cesarean section. And once again, we found a consistent, statistically significant linear increases. The unvaccinated children that had vaginal births were, were, had the health had the least negative health, health outcomes. And the children that were vaccinated and were born via c-section had the worst negative health outcomes. And this was this was to be expected. One of the things that we, we need to look at is when the baby comes down the birth canal, the, that's picking up the mother's biomicrome, the microbiome. And the the microbiome is the is, is a, is a, is an important factor in getting the infant off to a, off to a good, good, healthy start with the, with the immune system. One of the other studies that I discussed yesterday that was just published, was a study that I conducted with Dr. Gary Goldman. And back in 2011, we published a study where we looked at the United States, what we, we, what we found. We looked at the United States and 29 other nations that had better infant mortality rates than the United States.

We picked the United States as a cutoff, as a cutoff nation, because the United States had requires the most infant vaccines. So the United States requires in 2000, in 2009, because our study was looking at data from 2009. In 2009, we, the United States required 26 vaccine doses for infants, and yet the 29 nations had better infant mortality rates than the United States. And so we wanted to, to analyze, we wanted to evaluate whether or not there was any kind of a correlation between the number of vaccines that are required for children and their, and the, the infant mortality rates of those nations. And what we found was, what we call a counterintuitive of finding is we found that nations that require the most vaccines for their infants tend to have the worst infant mortality rates. Well, about a year and a half ago, and that, that study was published, like I said, in 2011, but about a year and a half ago, we were challenged by a team of researchers who, who, who criticized our study because they believed that we had conducted they believed that we had cherry picked our data, that we, oh, we, we, we, we only looked at 30 nations, that we didn't look at all 185 nations, and they re analyzed our study using 185 nations rather than 30 nations.

And what they found was something that actually corroborated our original findings. They found an art value of zero 0.16, which indicates a positive direct correlation. In fact, what that indicated, that was for approximately every every extra dose added to the immunization schedule, there were 1.6 extra deaths per 1000 line births. so, but, but their data was confounded. I, I do believe that they would've found a higher correlation. Our original study had a correlation of 0.70, which is a high correlation, which is a high direct positive correlation very, and it was highly statistically significant. but our critics, that critics that criticized our paper and reanalyzed it using 185 nations, they, their data was confounded because they were mixing first world nations with third world nations. And they had, there was a, it was a, the data points was, was it was a heterogeneous socio, there were heterogeneous socioeconomic variables that confounded the data.

In addition, they, they had the mixed mixed vaccination coverage rates. For example, some, some of the nations that they were analyzing that were included as, as, as part of the data points or as part of their dataset included nations that in some of the vaccines that were given to the children, they only had, only 30% of the population was actually vaccinated. And so that's a, that's a, that's a major confounder. You can't mix nations with heterogeneous socioeconomic variables and with variable vaccination rates. so their criticism of our paper was, was unfounded. And despite that, despite the, the notable confounders, for example, the other co-founders were in fact, that there's several other factors in third world nations that that can, can cause su cause sudden infant or infant infant mortality, for example poverty to up, they have higher poverty rates than third world nations.

They have malnutri higher malnutrition, and they, they have more difficult or in incomplete access to, to, to medical, medical care. unlike the study that we conducted, we all, all of our nations were, were nations that had consistently high VA vaccination coverage rates. Anywhere from 95 to 99% of the, of the population was, was vaccinated. And we had a homogenous data set because it was all first world nations. All of the nations in our study were basically the United States, Canada, the United Kingdom, and other nations in Europe, also Australia, Japan, Singapore, Norway, Sweden. These nations are all highly developed nations, and, and they have great access to healthcare. Little, there's, there's little, little malnutrition and, and, and very, very little poverty. So so we, we also conducted additional analyses in our, in our most recent study.



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And this study was, was published in a peer review journal called Curious. And I highly recommend that everybody, everybody get ahold of it. because the studies that, that I've, I've conducted with Dr. Brian Hooker and with Dr. Gary Goldman in indicate that the more vaccines that, that you give, the more likely that the infant mortality rate is going to increase COVID is an entirely separate issue. Because we were looking at, in, in the studies that, that I've conducted, we, we looked at mostly infant mortality, which covers vaccines given to, to infants or babies up to one year of age regarding COVID. there's several studies now that have come out that are showing that the COVID vaccine is causing increased rates of cardiovascular disease including heart, heart attacks and strokes, and also is causing various types of problems with women's menstrual cycles.

I've documented this in I've, I've, I've summarized this in several studies that'll be out in my next in my next book. But some, a lot of that information is not getting yelled to, to, to the public. But, you know, the, one of the interesting things, and one of the sad things about that is that a lot of these high, high, high rates of cardiovascular disease we're actually finding in very healthy males with, with any children from, from 12 years of age up, up to older teens and into young adults, into the, into the twenties and into, up to the age of approximately 35 or 39 years of age. these, especially males are are that, that get the get that have gotten the COVID vaccine that are, are, that are significantly increased risk of cardiovascular events, myocarditis, pericarditis, and other, other cardiovascular ailments.

This is a significant factor. Many of these individuals will be, their, their hearts are likely to to never fully, fully re recover to their pre COVID vaccine state of health. so I, I do encourage everyone to further investigate links between the COVID vaccine and other, other negative health outcomes. The study that, the studies that Dr. Brian Hooker and I conducted looked at children up to a few well, we did two different studies, and one of the studies looked at children up to several years of age. But another one of our studies looked at children, I believe it was up to 17 years of age through 17 years of age. But, but for the most part, we, the diagnoses were, were when, when we looked at breastfeeding, whether, whether or not the, the children were vaccinated in breastfed.

And by the way, we were very conservative with our, with our study because we considered somebody that was vaccinated if they received just a single vaccine. So as long as, as long as a child received at least one vaccine anywhere from a single vaccine to being fully vaccinated, according to the, the, the, the childhood recommended schedule fell into the vaccinated category. So that that that's actually makes our findings conservative. If we had looked at fully vaccinated children compared to fully un completely, fully unvaccinated children, our findings would've probably been even even more drastic. because what we found were that children with all of these various health ca health outcomes that I discussed earlier, ADHD autism and, and attention deficit disorder, et et cetera, et cetera these, these conditions were all anywhere from, from two times more likely in the in the vaccinated categories up to, up to, up to, I think with some of the conditions we were over 12, we, we were over 12 times that the children that were vaccinated were 12 times more likely to, to come down with the the negative health, health outcome.

I also wanna mention that I conducted a study that was published in 2021 that was published in Toxicology Reports, which is a peer reviewed peer reviews pres were relatively high, highly respected journal that is also indexed by the National Library of Medicine. And my, my study on was a study on sudden infant death vaccines

and sudden infant death. And what we found was, or what I found in this study is that, that children that were vaccinated and reported to the Vaccine Adverse Event Reporting System children that died after receiving their vaccines and were reported to this vaccine adverse Event reporting system or theirs, they, they, the children that, that these reports, about 25% of the reports took place within the first 24 hours of having been vaccinated. So, and about 50% of the reports took place within three days.

And 75, approximately 75% or three quarters of all reports occurred within one week of vaccination. Highly significant. And in that paper, we also discussed, I also provide evidence of biological plausibility providing evidence of, of how exactly what physiologically could take place is taking place, or is most likely to be taking place when the child receives the vaccine, and from the time of the vaccination to the time of the child's expiration or, or time of the child's passing away the sudden, sudden death. and in that study of vaccinations and sudden infant deaths there's also an extensive section on the, the where I've looked at the historical evidence or the studies and provided a very extensive list of, of previous studies and summaries of those studies, and also looked at the link between vaccinations and sudden infant deaths.

Fact-Checking DHHS

In this compilation of studies and data compiled by Dr. Bryan Ardis and his team, he fact-checked important details regarding the efficacy of Ivermectin, why Remdesivir should never be used as a treatment for COVID-19, and the for-profit agenda of hospitals during the pandemic.

Uttar Pradesh is a state located in northern India. It is the most populous state in India with approximately 200 million citizens. It is an overpopulated state. The population density in Uttar Pradesh is significantly higher than the national average.

Considering how dense the population is, the infection rate of SARS-CoV-2 should be relatively high. However, the Indian government was able to control and significantly reduce the infection rate by using Ivermectin prophylactically and as an early treatment for all of its citizens.

When a medicine is used prophylactically, it means that it is being administered or taken in advance to prevent the occurrence of a particular disease or condition.

Prophylactic use of medicines aims to reduce the risk of developing a specific illness or to provide protection against certain pathogens or risk factors. It is commonly used in situations where there is a known or potential exposure to a disease or condition.

Due to the state's use of Ivermectin, data shows that they were able to reduce the number of infected to 419 individuals only out of 200 million in August of 2021 – the time when the cases of COVID-19 were at an all-time high.

On the other hand, Dr. Ardis revealed why Remdesivir should not be used as treatment against COVID-19.

Remdesivir is an antiviral medication that has been used in the treatment of certain viral infections. It was originally developed by Gilead Sciences as a potential treatment for Ebola virus disease.

During the COVID-19 pandemic, remdesivir gained significant attention as a potential treatment for severe cases of COVID-19. It was granted emergency use authorization (EUA) by regulatory authorities, including the U.S. Food and Drug Administration (FDA), for the treatment of hospitalized COVID-19 patients.

According to the data shown by Dr. Ardis, there were 7,960 individuals who were designated as beneficiaries and prescribed Remdesivir as a treatment for COVID-19.

However, of the 7,960 beneficiaries, 2,058, or 25.9% of them died immediately following the treatment, with the other 46% dying within 14 days after receiving Remdesivir.

In sum, 72% of the beneficiaries died, while roughly 28% survived, showing little to no signs of improvement.

Remdesivir is an expensive treatment, costing \$390 per dial if purchased from a government-sponsored entity. The cost goes up to \$520 per dial if purchased from private hospitals.

Ivermectin is more affordable and more effective at approximately \$24 per patient.

The Dangers of Remdesivir – What They’re Not Telling You

The “Very, Very Bad Look” of Remdesivir, the First FDA-Approved COVID-19 Drug

Remdesivir is an antiviral medication that has been used for the treatment of certain viral infections. It is an RNA polymerase inhibitor, which means it interferes with the replication process of viruses.

It was granted Emergency Use Authorization and was used for the treatment of patients afflicted with COVID-19 after its alleged ‘effectiveness’ against the SARS-CoV-2 virus.

However, this study reveals that under the World Health Organization’s (WHO) Solidarity Trial, the results revealed that the use of Remdesivir does not reduce mortality or the time COVID-19 patients take to recover.

The article also revealed that the decision of the FDA to use Remdesivir was highly unusual, considering that it never consulted a group of outside experts to weigh on complicated antiviral drug issues.

A similar study published online by the Lancet on April 29 on the use of Remdesivir to hospitalized patients in China also shows that the use of the said drug showed no actual benefit when used in treatment.

DR. BRYAN ARDIS

“So when I started speaking out and hired a publicist to actually sit in my dining room and do 40 to 50 interviews every day to disclose to the world the truth behind the remdesivir drug and the research protocols or the research studies that were being referenced by Dr. Anthony Fauci to the world, all I was trying to do was to keep you from the hospital and the medical profession. I want to say this right now. I’ve said it before at other events, thank God for medical professionals like Peter McCullough, and Dr. Farella, and Dr. Lindsay here, and many more that are not here.

Thank God for them because there were other people who recognized something was very wrong with that profession and what was being portrayed and projected onto them as they were attempting to save the lives of innocent people around the world, and in their clinics, and in their hospitals. It was this “aha” moment for me. When medical doctors started calling, going, “Can you come and educate us at our conferences about the risk of remdesivir and the hospital protocols?” Imagine my shock to be a retired chiropractor and hear them say that to me. It has been a phenomenal experience for me, where I felt like I was on an island all by myself, to finally see a group of individuals standing for innocent human beings. It has been a great honor of mine. So I want to relate to you my appreciation to medical professionals who have took a stand with integrity, with ethics, and holding to their Hippocratic Oath to first do no harm when so many blatantly ignored it and went along with whatever the protocols were, which was disgusting to me.

I really kind of used to make fun of the idea of practicing medicine. I used to think, what do you not graduate and know how to use medicine? Why do you have to keep practicing? When does the game start? Only to then realize out of appreciation for these great medical doctors, that there really is a beauty to being free, to use your critical thinking and practice medicine. Why? Because not everybody is the same. There is no bullet, one magic singular silver bullet that actually heals everybody. There’s no supplement that’s going to rescue your health. That doesn’t exist. You have to spend time treating the patient, watch how their body physiologically changes and improves, have it reported back, do your subjective-objective analysis, and then make adjustments. That’s what these doctors are willing to do. When you were told by the NIH that you were only allowed to do one thing, and one thing only.

What did Anthony Fauci say in May of 2020? This is what I read at home, unbeknownst to me no one else read it. That was fine. I was retired and had time to read these studies. Anthony Fauci lied to the entire world, and Fox News made note of this that I said this. Anthony Fauci lied in May of 2020. He stated that remdesivir was proven “safe and effective,” I quote, in a trial a year earlier than the pandemic, in Africa, against the virus called Ebola. He then stated in the same paragraph that it was proven safe and effective against COVID-19 patients in a cohort study that was fully funded, fully sponsored by the maker of Remdesivir called Gilead. That was a 3-month trial from January to March of 2020. All I did was click the hyperlinks because the first few words of the memo got my attention.

There is only one, one antiviral experimental drug that can be used in hospitalized COVID-19 Americans. My very first thought was, “Well, if it’s an antiviral experimental, this obviously isn’t FDA-approved, which means it has



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not been reviewed nor has it been found safe and effective to get an FDA approval before that statement.” So to declare that this experimental drug is what’s going to be used in every hospitalized patients, I wanted to know what that guy knew that I didn’t about the drug remdesivir that I’d never heard of, nor did any of you probably. So I clicked the hyperlink to the first study with Ebola. Imagine my shock in 5 minutes to find out that there’s 4 drugs in that trial—remdesivir, ZMapp, which is a monoclonal antibody, and then Regeneron. How many of you have heard of Regeneron? That was a monoclonal antibody also inside that study. And then a drug called MAB114.

Anytime you see the initials, MAB, that means monoclonal antibodies. These were the 4 experimental drugs given out in 4 different regions of Africa. Anthony Fauci said it was found safe and effective against the Ebola virus. All I did was read the study. The first table in that study discloses that the independent safety board of the study, looking at the data, found that remdesivir was the only drug that had a fatality rate over 50%. It was exactly 53.1% of all people they gave that drug to. Regeneron, of the 4, had a 20% less mortality rate, and it was the best performance of all 4 drugs. My question was this, why would Anthony Fauci then come out and lie and say that it was found safe and effective when the safety board for the study found on August 9th, 2019, that it was the most deadly and ineffective drug, and it was withdrawn from the trial permanently?

Why would your NIAID department, head of the NIH, of that department only, why would that guy come out and lie to you and say that it was found safe and effective against Ebola? My very next thought was what’s he lying about, and how much did he know? Maybe he was just getting bad advice. How many times have you heard leaders in the media are just giving bad advice? All I thought was, “Did someone lie to him?” I don’t know this guy, Dr. Anthony Fauci. Anybody in this room ever met him, sat down with him and talked to him, interviewed him? He hasn’t agreed to let me interview him. I’ve never met the guy. Why he said this, I have no idea. But what I wanted to know was, who funded that Ebola study? Imagine my shock to find out it was Dr. Anthony Fauci’s department.

That means that entire 1-year study, every time there was a report to be given, it went back to the NIAID and the sponsors who were actually funding the whole thing. So would he have known? Would he have been told in August of 2019 that that drug was found the least effective and the most deadly and then been notified? Yes. That trial published December of 2019. That’s when it got published. The very next month, January of 2020 is when our government and federal health agency said, “Hey, Gilead, we know your drug remdesivir just got kicked out of the Ebola trial in Africa, and it killed 53% of the people you gave it to, a complete failure. There’s this new pandemic going around with this new SARS-CoV-2 virus, we’re going to let you guys use remdesivir on COVID-19 patients from multiple countries. And let’s see what happens when you give them that drug for 10 days.”

I clicked that study to find out what it says, and this was the exact conclusions published by Gilead, who funded the whole study. It was 31% of everyone they gave that drug to who had COVID-19 developed multiple organ failure, septic shock, hypotension, and acute kidney failure, and some people couldn’t even make it the full 10 days because of severe liver failure, and their kidneys died from the drug, and needed kidney transplants. That’s what was reported. And immediately it hit me. Everything I’m hearing in the media out of New York was, “We’ve never seen a respiratory virus do this before.” You start treating this respiratory virus, the virus moves from the lungs, and it goes and attacks the kidneys and is causing severe acute kidney injury or failure in 24 to 48 hours.



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It wasn't the virus. In fact, anyone who wants to claim that these side effects of liver failure and kidney failure come from the virus- Did you know that in July of 2020, just 2 months later after the May memo, do you know that in "Nature Medicine", the NIH and multiple co-authors wrote and published a paper to tell the whole world what SARS-CoV-2 the virus does in the human body? Do you know it was titled "Extra-Pulmonary Manifestations of COVID-19"? Extrapulmonary, meaning other than the lungs. It discloses right in the summary. This virus not only does respiratory failure and cause lung damage, it also causes acute kidney failure and liver failure. All I did was this. All I wanted to know was, who authored this study? Any of you who want to try to convince me that that's a virus side effect, go look at who wrote it!

There is a woman named Joan, who's listed at the end of the study, is on the payrolls of Gilead and was an author that contributed to that study. Now you have to remember Remdesivir is the, "only drug" given a contract to treat every single hospitalized COVID-19 patient in America. And they're going to let the manufacturer and someone on their payroll contribute to write all the side effects of the virus that drug is supposed to treat. The reason why they did this was outright to make sure that when people showed up in the hospitals and doctors started treating you, and you watched their physiology and blood reports come back, and you see acute kidney injury, liver failure enzymes rising, they would go and look back at publications and go, "Is this a side effect of SARS-CoV-2?"

They would see the paper that said so. Unbeknownst to them, they're just pumping them full of remdesivir that is proven to cause acute kidney failure. In fact, it's so proven, Associated Press decided to fact check me on this claim, and claim that it doesn't do this. That was really difficult, actually, because Gilead already told the World Health Organization that their drug, remdesivir, causes kidney failure.

Also, the World Health Organization did what's called a reporting odds ratio, and this is very significant and applies to these actual lawsuits. A reporting odds ratio was done in April of 2021. There were 4 primary drugs being used around the world to treat all hospitalized COVID-19 patients. The 4 were remdesivir, hydroxychloroquine, lopinavir, and a drug called tocilizumab, which is another monoclonal antibody. They decided to look in the World Health Organization's database and find out which drug treatment for all SARS-CoV-2 infected hospitalized patients, which 1 therapy reports the highest amount of acute kidney failure.

Now listen to me. If the virus did it, and they all are in the hospital for the same virus, don't you think there would have been an even amount of all treated patients to experience acute kidney failure? Yeah. If the virus did it. No, that's not what came back. They published their results. The acute kidney failure in remdesivir patients only, was 20-fold that of the other drugs. It was never the virus. The majority of it came from the drug protocol using remdesivir, and then you guys will learn more here from these other doctors that are here, who treated COVID-19 patients in hospitals and in clinics. But the overreach of hospital administrators, federal health agencies, to dictate what doctors will and will not do, threaten them with their license, their rights to actually practice in that hospital, to refuse the rights of families to be at the bedside of their loved ones. It is ultimately disgusting to me, and disgusting to many others, and something is very, very corrupt and evil about it all. Have you ever thought about this, you know you were in the house with your loved one who had COVID, and then you drove them to the hospital with COVID, and then they said you couldn't go into the ICU with them with COVID. My immediate response would've been this, "What if I wear a mask? I thought they worked."

LEIGH DUNDAS

“I don’t know the exact number but I mean, that was just ludicrous and lunacy to regions never before seen. I was there. I was sitting with him when he got word a year ago. Tom Renz and I were just meeting with him in, I think we were in Clay Clark’s neighborhood, and we were there the day he got hit with the suit, and it was just ridiculous. I mean, it was the FDA taking their new regulations and saying, “We’re going to go after people who are speaking out against the narrative,” basically. Why? Because he had recommended taking vitamins to fight COVID instead of taking remdesivir that has a 53% death rate. And Tony Fauci damn well knew it because he was in charge of the one trial they did with remdesivir in Africa where it was so dang fatal they had to pull the drug out of the trial halfway through.

You don’t ever see a trial where they’re- They see the trial through. You run the placebo group, you run the trial group, and you run them all the way through to see exactly what’s shaking, what’s the outcome. The drug was so bad, I think they were trialing it against Ebola. Remdesivir was so darn bad, it had such a high death rate, that they decided halfway through these people with Ebola would be better off fighting Ebola without the drug. Because once they gave the drug to them, it was 53% fatal. And that was years ago. Tony Fauci knew going into this “pandemic”, pandemic in air quotes, he knew that he was killing people’s kidneys, drowning their lungs in liquid, then they were going to call it COVID pneumonia and get 500 grand into the hospital if they labeled it COVID death, and they vented them and remdesivired them.

And that is just- I’m sorry, there’s a word for that. That’s called genocide. And I don’t know for the life of me why there aren’t more lawyers screaming about it and doing something about it, but alas. Yeah. And they can’t push the bad through if people are getting the word out on the good. So what do they have to do? They have to silence the doctors like Eric Nepute, who are actually doing the right thing by saying, “You know, COVID ain’t that bad. It’s just a head cold. It’s always been around. Why don’t you go take some vitamins and boost your immune system, and your body will be able to fight it back yourself, unless you’re already going to die this year because you’re 95 years old, and your expiration date is here.” I mean, it’s just common sense.

And yeah, they’re chasing him for a ton of money, but God bless him, he is dropping hundreds of thousands of dollars, the last time I talked to him he said, on lawyer fees every month, and he ain’t backing down. He’s not taking the plea deal they’re offering or whatever settlement deal they’re offering. He is going all the way through trial to prove a point. And we have to, because in Commiefornia, 2, 3 weeks ago here, we just passed a law that said if you’re a doctor who speaks out against the COVID narrative, they’re going to take your license away, the med board will. And that is 1 foot in the Nazi commie graveyard. We’re on the bullet train to Auschwitz when we are censoring doctors. This is not Einsteinian math. Everybody who has ever gone through junior high knows the way science advances, the way medicine advances is one way only, and that is by people challenging the status quo.

You challenge the accepted science. You say, “Hey, maybe the earth is actually round.” “Hey, maybe this planet doesn’t really revolve around the one we thought. It revolves around this other one.” “Hey, maybe we should wash our hands before going into surgery.” Hey, maybe whatever, this mold growing on my grapefruit can, if I touch it to



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some bacteria, can kill the bacteria. Oh yeah, voila, penicillin.” You don’t think those doctors, those scientists were roundly and soundly criticized and excoriated for speaking out against the accepted truth of their era? Of course they were. But what did we do? We allowed them to speak, and we advanced forward as civilizations because we allowed for that. When you don’t allow for that, all you’re announcing is you are the new freaking Fourth Reich. And for the public that doesn’t fight back, it’s going to end the same darn way the last one did, which is in the ovens of Auschwitz.

But our new Nazis are a cut above those of the Hitler days. They don’t make you say “Heil Hitler” and shove Jews into ovens anymore. They figured out a way to bull whip the American public and the global public to beg for the final solution of the needle in the arm. There are people out there still thinking that they’re 8th booster is what’s going to save them. And that is some serious, serious, I don’t even know, idiocy, I guess would be the word, that we need to step back away from. But I believe good people will once again rise. It takes a while sometimes. Nazi Germany wasn’t over in a day. It took a decade, right? Longer than, if you count the early ‘30s and Hitler’s ramp up. Same with Cambodia, same with Rwanda, same with Stalin.

BEN MARBLE’S PROFESSIONAL INSIGHT OF COVID-19 VACCINES

Dr. Ben Marble: We saw the science. Multiple drug early treatment works. And what do we know doesn’t work? These C-19 fake vaccines do not work unless you’re trying to cause harm. So that’s kind of been really the battle I’ve been taking over the past year. So I’m trying to get these shots stopped. Mob rally and cries, “Stop the shots!” And I even made the website, stoptheshots.net, where we made a video, a bunch of the different doctors that know these shots are bad, and we’re all just trying to encourage everybody to stop the shots as soon as possible, ‘cause I look at what has happened. Let’s recap what’s happened since 2020. World War III started in 2020. They unleashed bioweapons on us, the COVID-19 virus and the COVID-19 fake vaccines.

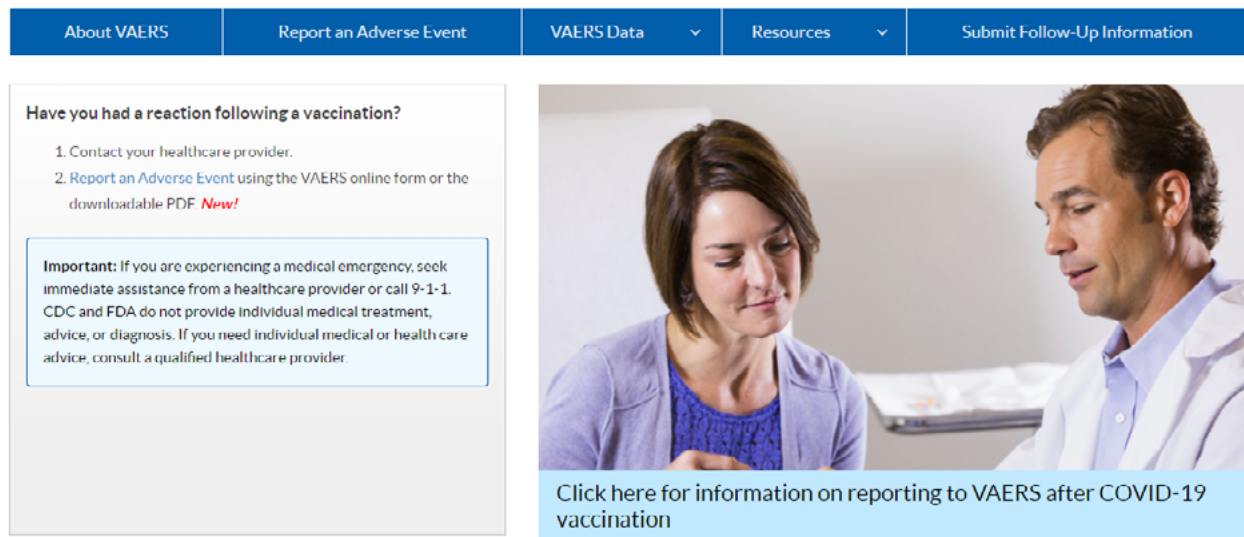
What do those have in common? They both have the spike protein bioterror weapon in both the COVID-19 virus and in the fake vaccine. The spike protein is the poison that does the damage and basically wreaks havoc all throughout the entire body. And so, we know what we’re seeing is so far we’ve had over 6 million deaths from these bioweapons and nearly 6 billion people poisoned. They also use cyberterrorism to hack the US presidential election to install Joe Biden as president. He’s basically CCP puppet. So I want to tell people now is look at the 3 branches of government. Executive branch. I call them the PC Commies. We’ve had this conversation before. The PC Commies control the Executive branch. They control the Legislative branch as proven. 98% of Congress took the shots, which proves they’re captured.

And then the Supreme Court. 100% of the US Supreme Court took the shot. So all three branches of US government are under control of the PC Commies. We’re living in occupied America right now, and the enemy is in control of all of our system. All the alphabet agencies from the NIH, FDA, CDC, they’re all captured by these corrupt people who are pushing this narrative and this fake agenda. And the whole point of this agenda is to destroy America, to bring in the One World Government, the digital banking currency system, which is the CCP system. And of course all that sounds exactly like what the Bible foretold as the Mark of the Beast system. So what they have to do is destroy America to bring that system in. And that’s what they’re actively trying to do.

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Electronic Support for Public Health – Vaccine Adverse Event Reporting System (ESP: VAERS)

VAERS Vaccine Adverse Event Reporting System
www.vaers.hhs.gov



The screenshot shows the VAERS website interface. At the top is a navigation bar with five blue buttons: "About VAERS", "Report an Adverse Event", "VAERS Data" (with a dropdown arrow), "Resources" (with a dropdown arrow), and "Submit Follow-Up Information". Below the navigation bar is a content area. On the left is a white box with a light blue border containing the text: "Have you had a reaction following a vaccination?" followed by two numbered steps: "1. Contact your healthcare provider." and "2. Report an Adverse Event using the VAERS online form or the downloadable PDF *New!*". Below this is a light blue box with white text: "Important: If you are experiencing a medical emergency, seek immediate assistance from a healthcare provider or call 9-1-1. CDC and FDA do not provide individual medical treatment, advice, or diagnosis. If you need individual medical or health care advice, consult a qualified healthcare provider." To the right of this text is a photograph of a female doctor in a white lab coat talking to a female patient. Below the photograph is a light blue button with white text: "Click here for information on reporting to VAERS after COVID-19 vaccination".

This is another study that Dr. Bryan Ardis makes mention of on several occasions. He often refers to this as the Harvard Study.

This study covered the years 2007 to 2010 and was done primarily to comprehensively evaluate the performance of ESP: VAERS in a randomized trial. It also aimed to do a comparison of the existing VAERS and Vaccine Safety Datalink Data.

ESP stands for Enhanced Surveillance for Post-Vaccination Events. It is a program developed by the Centers for Disease Control and Prevention (CDC) in the United States to monitor the safety of vaccines.

The ESP system collects and analyzes data from various sources to identify any potential adverse events following vaccination.

VAERS stands for Vaccine Adverse Event Reporting System. It is the national system in the United States that allows healthcare professionals, vaccine manufacturers, and the general public to report any adverse events or side effects that occur after receiving a vaccine.

VAERS serves as an early warning system to detect potential safety concerns with vaccines.

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The ESP: VAERS program combines the strengths of both systems. It integrates data from VAERS with other healthcare databases to provide a more comprehensive and detailed analysis of vaccine safety.

This enhanced surveillance helps identify any potential patterns or trends in adverse events and allows for a more robust evaluation of vaccine safety profiles.

The information gathered through ESP: VAERS is used to inform public health decisions and ensure the ongoing “safety” of vaccines.

The study covered approximately 1.4 million doses of 45 different vaccines given to 376,452 individuals. It found that of the 1.4 million doses, 35,570 or 2% of the population reported adverse reactions from the vaccine.

However, the researchers of the study mentioned that this number was severely underreported, stating that the number reported by ESP: VAERS represented less than 1% of the actual vaccine adverse events that actually transpired.

According to the researchers at Harvard, the underreporting of ESP: VAERS poses a serious problem since it precludes the identification of problem drugs and vaccines that endanger the public.



Otherwise stated, the possibility of dangerous drugs or vaccines being used in public is relatively high due to the underreporting of adverse events. Notably, the adverse event data reported by ESP: VAERS is used and is highly considered by public health officials in creating public health orders.

The researchers pose the following as the plausible reasons behind underreporting of adverse events:

- Lack of clinical awareness;
- Uncertainty about when and what to report and;
- The burden of reporting – reporting is not part of the clinician’s usual workflow

It would seem that to date, the underreporting problem of the CDC is yet to be resolved. As such, although some COVID-19 vaccine injury was reported to the CDC and disclosed to the general public, world-renowned experts would state that this only represents less than 1% of the adverse events that actually occurred.

Fraudulent Underreporting - A Way to Push Mass “Vaccination”

DR. PAUL MARIK

“So, basically this is from VAERS, which is the Vaccine Adverse Event Reporting System, which is the system which was established by Congress after the childhood vaccination rules. It was developed in 1986, meant to track the adverse events. The problem is that this is a very cumbersome system. It’s not ideal. We know that there’s an underreporting factor of at least 30, but just despite its limitations, you can see the number within the federal government’s own reporting system, the number of adverse events, the number of myocarditis, the number of deaths related to the COVID-19 vaccine, which is unprecedented compared to any other vaccine. And, if you actually extrapolate from Pfizer’s own study, it’s 2.5 million. There was an independent survey, the Pollfish survey, which documented 16 million, and then obviously what I was referring to was the V-safe data, which is not on the slide, which estimates it at 18 million.

DR. BRIAN HOOKER

“It’s very, very difficult to say. There are lots of things that contaminate these particular vaccines and we’re seeing, like the slide says, the CDC’s Vaccine Adverse Events Reporting System, this is the United States main surveillance system is blowing up with 97% of all injuries that were reported in 2021 being due to the COVID-19 vaccine and over 1 million vaccine injuries now that have been tabulated and reported, and many, many more waving in the wings specifically from COVID-19 vaccines and over 24,000 deaths. And, we know that also VAERS is under ascertained. That level is probably 30, 40 times lower than the actual number of injuries and deaths from the COVID-19 vaccine. So, this is like nothing we’ve ever seen.”

There was a research paper done by Jessica Rose. She’s a scientist that’s currently out of Israel who looked at the actual rates of vaccine injury from clinical data from the Pfizer vaccine, and then compared it to the rates on VAERS. And, she came up with this multiplication factor, which we call an underreporting factor. She came up with 30. An individual, a blogger, and a billionaire who has really, really been concerned about the COVID-19 vaccine, Steven Kirsch did a similar calculation. He came up with an underreporting factor of 40. So, somewhere in between that is the actual information. And we know that this is being underreported because hospitals, medical providers are refusing to report COVID-19 vaccine injuries to the CDC.

STEVE KIRSCH

“My background is in high tech. I’ve been starting and running high tech companies for the last 45 years or so. And so when COVID hit, then I looked around to look for market opportunities, see how could I make a difference? And I spoke to scientists, and they said early treatment was the fastest, safest, and cheapest way to end the pandemic.

So I started funding early treatment studies, and the NIH ignored it. And then we got vaccinated because they said it was safe and effective, and I found out a month after I had been doubly vaccinated that my friends were either dying or injured from the vaccine. And so I started looking into the science, and I found out that the vaccines were just horrible in terms of the safety and efficacy, and that we were being lied to.

Jonathan Otto: Did Dr. Robert Malone feel the same way? Did he get this shot and feel that he regretted that?

Steve Kirsch: I don't know. I think he got the shot just so he could travel, and he would be not restricted in terms of traveling. I don't know if he looked at all the science before he got the shot. I think he didn't, and we didn't know. He basically trusted the authorities, just like most people do. And it's only if you see firsthand vaccine victims from your friends that you start to say, "Maybe they're not telling me the truth." And what we found was that it wasn't like, oh, they just missed something. It's like, there are a million adverse events reported in the VAERS system. It's more than every other vaccine in history in the last 70 years.

Jonathan Otto: Combined.

Steve Kirsch: Combined. Right. And yet the CDC says, there's no safety signal there. They can't find a safety signal. Well, I found over 5,000 safety signals in 5,000 different symptoms that were elevated after the vaccine, but they can't even tell even if a single person has died. So that says to me that either they're grossly incompetent, which I don't believe, or they're basically looking the other way. And when people die and their autopsies say he was killed by the vaccine, they say, "Well, we're still investigating that."

Jonathan Otto: Yeah. Thank you for sharing that. Yeah. Good point, but they never do investigate it. Is that right? I haven't heard of any family say, "Yeah. An autopsy was done on one of my family members." I've read of it, had a couple of cases which are very damning toward the vaccine in terms of the autopsies that were done. But I've never heard people inputting the data, or filing in VAERS report, or a healthcare worker filing the adverse or the death report, and then that being followed up, and an autopsy being done or anything like this.

Steve Kirsch: Well, yeah, the CDC will never do an autopsy. It's a family that does the autopsy. And when the family does the autopsy, and it comes back and it says, "Oh, this person actually died from the vaccine," then the CDC says, "Oh, thank you for letting us know that. We'll investigate." And so, whenever you talk to them about any of these people who the autopsy determines was killed by the vaccine, the CDC says, "Well, we're still investigating that." So they've got 20,000 deaths reported in the VAERS system. They haven't found a single one, and yet pathologists who look at just a handful, 15 deaths, they find that over 90% of those deaths were caused by the vaccine. So how could a pathologist look at just 15 and say it's over 90%, and yet the CDC looks at 20,000 and finds no safety signal?

This is corruption. And it's confirmed corruption because we have Maddie de Garay, and she's a 12-year-old. She was in the Pfizer Phase 3 clinical trial for 12- to 15-year-olds. She took the 2nd shot of Pfizer, and she couldn't walk off the bus less than 22 hours after she got the shot. And that can't happen. She's a perfectly healthy 12-year-old. If it wasn't the vaccine that injured her, then what was? Well, the FDA promised to investigate, but they did nothing. They didn't even call her. Nobody called her. The CDC didn't call her. The NIH didn't call her. The FDA

UNVEILING THE HIDDEN TRUTH

didn't call her. And yet this was clinical trial fraud. Everybody is basing this on the clinical trials, basing these mandates on, well, the clinical trials showed no death. But here you have one child out of a 1,000 who's paralyzed for life, and they didn't investigate that. In fact, they didn't even report it.

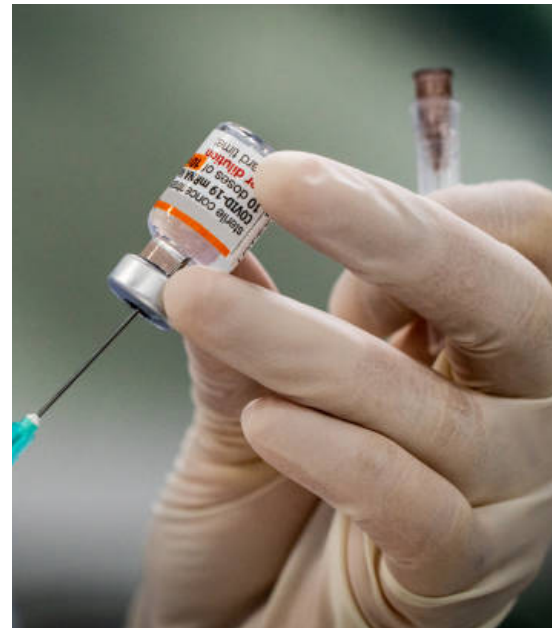
Jonathan Otto: It was reported what, as a tummy ache, was that right?

Steve Kirsch: Yeah. It was a stomach ache. So there's no question, there's corruption. You can't say, "Yes, we promised to investigate," and then never call the mom to even ask about it or to correct the record. How could the record not be corrected? The medical records are there. It's very clear she was vaccine-injured, and yet it's just reported as a stomach ache.

Jonathan Otto: Yeah. Willful misconduct, right? Everything points towards willful misconduct.

Steve Kirsch: Yeah, on Maddie de Garay, there is no doubt that it is willful misconduct, absolutely no doubt. They did not follow up. And for something this important where, oh my gosh, we're relying on these clinical trials, and there's fraud in the clinical trials, and you show them there's fraud, and we know there's fraud, and they promise to investigate the fraud, and they do nothing? That's corrupt. And when we told John Sue, who calculates the underreporting factor for the VAERS system, he's always been reporting the VAERS events as if that's it. There were just 3 events out of millions of vaccines.

Well, the 3 events turns into maybe 3 times 40 or 3 times a 100, so what was 3 events is really 300 events, or maybe it's 120 events, but he never talks about, well, we always have to multiply theirs because it's underreported by a factor or here's how you calculate the factor. He just says, "Well, there are only a few cases reported in the VAERS system." And that's unethical. He absolutely knows that there's an underreporting factor, and they absolutely do not talk about it at all in the public hearings in front of the committees. And when you-



Jonathan Otto: Because it was the government that funded that the Harvard-

Steve Kirsch: Yeah, they don't want to make those vaccines look bad. Their mission is to vaccinate everyone in the US, and if they told the truth, nobody would get the vaccine. So they have to basically lie by not reporting the data correctly. They'll say, "Hey, there were 4 events in the VAERS system out of a million vaccinations, or 500 million vaccinations, or 4 events. That's true, but that's only part of the story. The other part of the story is you have to multiply it by probably a 100 to get the true actual number of events that that represents. And they just leave that part out. So they're not lying because they say, "Well, the number of events was this," but they're not telling you the truth that, "Oh, well, that really represents a 100 times more than just that number."

Alternative Approaches

Empowering Healing Protocols and Natural Remedies to Support Immunity

Ashwagandha

Ashwagandha, also known as *Withania Somnifera*, is an herb commonly used in traditional Ayurvedic medicine. It has been used for centuries due to its potential health benefits.

It is classified as an adaptogen, which means it may help the body cope with stress and promote overall well-being. It is known to have various medicinal properties, including anti-inflammatory, antioxidant, and immunomodulating effects.

Some studies suggest that ashwagandha may also have potential benefits for cognitive function, anxiety, depression, and sexual health.

Ashwagandha can be consumed in various forms, depending on personal preferences and availability. Here are some common ways to consume ashwagandha:

- **Powder:** Ashwagandha root is often ground into a fine powder, which can be easily mixed with liquids or added to foods. You can mix the powder with warm milk, water, smoothies, or juices. The recommended dosage is typically around 1-2 teaspoons (5-10 grams) per day, but it's best to consult a healthcare professional or follow the instructions on the product packaging.
- **Capsules or Tablets:** Ashwagandha is available in capsule or tablet form, which provides a convenient and standardized dosage. Follow the recommended dosage instructions on the product packaging or consult a healthcare professional for guidance.
- **Herbal Formulations:** Ashwagandha is often included as an ingredient in various Ayurvedic herbal formulations. These formulations combine ashwagandha with other herbs to target specific health concerns. They are available in the form of powders, tablets, or liquid extracts.
- **Tincture:** Ashwagandha tincture is a concentrated liquid extract of the herb. It is usually consumed by adding a few drops to water or a beverage. Tinctures offer a potent and convenient way to consume ashwagandha, and the dosage instructions can vary, so it's best to follow the recommendations on the product packaging or consult a healthcare professional.
- **Ashwagandha Tea:** Ashwagandha root can be boiled in water to make a herbal tea. Add about 1-2 teaspoons of ashwagandha powder or dried root to a cup of boiling water and let it steep for 10-15 minutes. You can add honey or lemon for taste if desired. Note that the taste of ashwagandha tea can be quite strong and earthy.

DR. COURTNEY MOSELEY'S ADDITIONAL INSIGHT

"Ashwagandha is my favorite and reishi mushrooms, so I'm just starting to learn more about medicinal mushrooms, but before I started recommending them to my patients, I started using them, so I've been doing reishi at night which really funny because I mixed it up and gave it to my husband. We have that on video, so it's quite funny.

I left a few chunks in there, and that turned out to be funny. Anyway, medicinal mushrooms and ashwagandha. Ashwagandha because I feel like it's the safest to recommend because it's adaptogenic, so it's one of those where it's almost like a go-to, like if you need to bring some inflammation down because of stress, I feel like ashwagandha is such an easy one to go to.

Jonathan Otto: What's the benefit you get from taking ashwagandha?

Dr. Courtney Moseley: The benefit that I notice most is I can deal with stress better. I feel like I'm less reactive. I live in Nashville, and traffic ... 104 people, we were just talking about that. 104 people move there per day, so traffic and building and construction and all that kind of stuff, so when I'm about to enter traffic, my whole day can be shot because of it, and I feel like it helps me to manage and helps me to stay cool and not lift your shoulders. When I get home from being in traffic, I'm not tight and fried, and my eyes aren't bloodshot, so I feel like it helps me to deal with it better."

DR. HENRY EALY'S INSIGHT ON ASHWAGANDHA

Dr. Henry Ealy: And then we add in other things. There's great things we've been learning recently. Things like ashwagandha helps to relieve or loosen the binding affinity of the spike glycoprotein for certain receptors. I'm exploring right now tobacco, adding a little bit, just a little bit, into an herbal tea. I'm not advocating for anyone smoking yet, but organic, pesticide-free tobacco into the system for people, especially people with neurologic issues because, like I said earlier, the spike glycoprotein doesn't necessarily break down quickly. We don't know what the half-life. We don't know how long it lasts in the system, how long it stays bound to things. So what does the tobacco do? It helps separate that bind.

So we have this ashwagandha, right? Which we know is going to help alleviate the binding capacity, the binding affinity of the spike glycoprotein, right? This is in literature. When you accept that this is based upon venoms. I understand how hard that is. I'm not saying that the spike glycoprotein is a venom, I'm telling you it was inspired by them. And that's why they were able to combine different venoms together, different glycoproteins in different snake venoms and conotoxin venoms. They were able to put them together. That's why you have a wrecking ball with so many different lethal, potentially lethal, mechanisms of action. When you appreciate that, you start getting answers. So there you go, the ashwagandha. And ashwagandha has additional benefits. It's going to help normalize and really adaptogenically the thyroid gland, so better energy production you get with it.

Let me say it to you one more time. It is dislodge, neutralize, dissolve, and then bind. The reason we go through those four is because we want to dislodge, clear it from the system. That's that whole tobacco or heat that we're doing. Number two, we want to neutralize it. We want to make sure when it does get dislodged, that it's less lethal, so that's going to be the ashwagandha, licorice root, and there's a few other options. Mucuna pruriens and a few others out there. Vitex, chaste tree berry is another one that's an option for that. Neutralizing phenomena are also like IVIG. IVIG is a neutralizing therapeutic, all right? What it's going to do is introduce a whole bunch of antibodies and they're going to basically coat the spike glycoproteins and make them less lethal as well, so that's where IVIG has some success in my professional opinion.

Monoclonal antibodies, same deal. They're all neutralizing agents, so if you understand what you're using and you know which category it fits in, it starts making sense. Okay, I can't just use IVIG or monoclonal antibodies. I have to also dissolve that antigen-antibody complex and I have to bind the breakdown, so still, you have to get the third and the fourth thing. Then we get into the dissolving and dissolving is really, really cool. Spike glycoprotein is not this ever-present thing. It's just a protein, so it breaks down like other proteins, so you start looking at proteolytics, like a nattokinase, serrapeptase, break it down. Vitamin C breaks it down.

My favorite and one we're using with great success right now is diluted, food-grade hydrogen peroxide. It's probably the most effective that I've seen of everything so far. That just breaks down spike glycoprotein into the smaller components. It breaks down this larger protein molecule into a bunch of smaller protein molecules. Remember, those can still be lethal and still be injurious to the cell, so what we do at that point is make sure we have a binding agent, and the binding agent we've been using successfully is bentonite clay, hydrated bentonite clay. The thought process becomes, I'm going to do something to dislodge it-- heat, sauna work, tobacco foot baths, something like that. We're not advocating people smoke tobacco, obviously. Two, we want to neutralize it, so the ashwagandha, the licorice root. This is what we're using right now, but there's more options to neutralize it. Three, I think ivermectin would fall into a neutralizing category as well, by the way.

Study on Ashwagandha's healing properties on vaxx injuries

A recent study on the use of Ashwagandha on vaxx injury healing was published in 2022. This study was based on *Withania somnifera* (L.) Dunal (Ashwagandha) for the possible therapeutics and clinical management of SARS-CoV-2 infection: Plant-based drug discovery and targeted therapy and the study found that various bioactive compounds of *Withania somnifera*, which have the potential to inhibit the interaction between RBD of SARS-CoV-2 S-protein and ACE2 receptor. Because the interaction of RBD of SARS-CoV-2 S-protein and ACE2 receptor is very important for the entry of virus into the host cells during infection, thus bioactive compound of *Withania somnifera* such as withanone and withaferin-A may be implicated for the management and treatment of COVID-19 (CMP, 2020). (R)

Licorice Root

Refers to the root of the *Glycyrrhiza glabra* plant, which is native to Europe and Asia. It has a long history of use in traditional medicine and is known for its distinct sweet flavor. It has been used for various medicinal purposes for thousands of years.

The active compounds in licorice root include glycyrrhizin and flavonoids.

Glycyrrhizin is responsible for the sweet taste and has been found to have anti-inflammatory and antiviral properties. Licorice root also contains other beneficial compounds, such as antioxidants.

It is commonly used to soothe digestive issues, such as heartburn, acid reflux, and stomach ulcers. It may also be used for respiratory conditions, such as coughs, sore throat, and bronchitis.

A study published in the Journal of Medical Virology in 2021 found that a combination of licorice root extract and glycyrrhizin (the active compound in licorice root) was able to reduce the severity of symptoms and the viral load in hamsters infected with SARS-CoV-2. The researchers found that treatment with licorice root extract and glycyrrhizin was able to reduce lung damage and inflammation in the infected animals.

Another study published in the journal Phytomedicine in 2021 found that a specific type of licorice extract (called Glycyrrhiza glabra extract) was able to inhibit the replication of SARS-CoV-2 in vitro. The researchers found that the licorice extract was able to block the entry of the virus into the cells and inhibit the replication of the virus within the cells.

DR. CATHLEEN GERENGER'S ADDITIONAL INSIGHT

“Licorice root actually been used for a long time to help calm your digestive tract. So those that have burping issues, have bloating issues, with licorice root, it really helps to calm that down. It has fennel seeds in there, grape seed extract, and Panax ginseng. Panax ginseng it really helps to increase your energy level and helps you with fatigue issues. But one thing about that is that it's not a stimulant. It's actually really calming for the body.”

DR. BRYAN ARDIS' ADDITIONAL INSIGHT ON LICORICE ROOT

Dr. Bryan Ardis: That plant can inhibit it. Also, licorice root, inside of licorice root is a compound called glycyrrhizinic acid. If I mispronounce it, that's okay. Don't hold me guilty. But glycyrrhizinic acid out of licorice root is a published antidote to snake bites and snake venom and to spike proteins, which are venom peptides. So, that's another one. N-acetyl cysteine is another published inhibitor detoxifier of venoms and venom components, even the venom components that are disclosed to be inside of the researcher's research papers to do mRNA gene editing therapy vaccines, the people who created these shots. They use snake venom to do it. So, those components are actually detoxified by glutathione, NAC, Vitamin C, EDTA.

A heavy metal chelator is an actual complete inhibitor published to destroy venom in the human body and in all mammals, EDTA. So, as you're taking nicotine to get the venom off your cells, you need to be taking something to detoxify it. A good list of these, glutathione, NAC, Vitamin C, EDTA, glycyrrhizinic acid from licorice root.

DR. HENRY EARLY'S INSIGHT ON PATIENT VAXX INJURY TREATMENT

Dr. Henry Early: So you all are feeling the effects of all this corruption, all these lies, and I want to help. That's what I do. All right? With this being said, I can tell you all with great confidence right now, the two best things you can put in your body to neutralize spike protein that you're likely producing, are licorice root and ashwaganda. We have confirmed studies of the binding affinity of licorice root, a specific triterpene licorice root called glycyrrhizin to stick to the spike glycoprotein and basically render it inert, render it neutralized. So it can't do these things. Ashwaganda has a very similar profile as well. All right? So this is a hallmark of our enhanced elemental diet, helping people neutralize the problem first, get their energy production back up, start stabilizing what's going on.

Review on Licorice Root

A review published in 2021 on Licorice (*Glycyrrhiza glabra*) Extracts-Suitable Pharmacological Interventions for COVID-19 found that Licorice root has a positive impact on the healing on patients suffering from vaxx injuries along with the healing of infections.

The review found that : It is understood that if we can evade or alter ARDS, we can avoid the severity and mortality of most COVID-19 patients. A suitable antiviral and anti-inflammatory therapeutical intervention is required for this.

Antiviral efficacy, anti-inflammatory property, and stimulation of the autophagy mechanism in cells are licorice properties which have a very high significance for COVID-19 patients.

In addition, licorice-based phytochemicals have proven efficacy against a range of bacteria and fungi. Thus, it may be useful to avoid secondary bacterial infection in COVID-19 patients and treat other pathogenic diseases.

An important corollary of this finding is that, because COVID-19 is of pandemic proportions, a plant-based medicine would be a boon for countries in the Afro-Asian-Pacific regions.

Licorice is cheap and plentiful compared to modern allopathic medications, and it could thus make dramatic health improvements in the developing and underdeveloped world.

Therefore, it is suggested that researchers should undertake in vitro and in vivo studies with GA and GL against SARS-CoV-2 and, based on the success, move forward with clinical trials, which may help mitigate COVID-19 severity.

Flaxseeds

Tiny brown or golden seeds derived from the flax plant (*Linum usitatissimum*). They have been cultivated for centuries and are valued for their nutritional profile and potential health benefits.

Flaxseeds are a rich source of dietary fiber, healthy fats, and various beneficial compounds.

Nutritional content: Flaxseeds are packed with nutrients. They are an excellent source of dietary fiber, both soluble and insoluble, which aids in digestion and promotes bowel regularity. Flaxseeds are also a good source of plant-based omega-3 fatty acids, specifically alpha-linolenic acid (ALA). Additionally, they contain lignans, which are phytochemicals with antioxidant properties.

Heart health: The omega-3 fatty acids and lignans found in flaxseeds may contribute to heart health. Omega-3 fatty acids have been associated with a reduced risk of heart disease, and lignans may help lower blood pressure and cholesterol levels.

Digestive health: The high fiber content of flaxseeds can support digestive health by promoting regular bowel movements and alleviating constipation. The soluble fiber in flaxseeds can also help regulate blood sugar levels and promote a feeling of fullness, potentially aiding in weight management.

Anti-inflammatory properties: Flaxseeds contain compounds with anti-inflammatory properties, which may help reduce inflammation in the body and contribute to overall health.

SAYER JI'S ADDITIONAL INSIGHT

"I love things as basic as flaxseed, because they're just this amazing example of a food that produces this mucilogenous gel. It looks just like epithelial cells, the cells that line our nasal passages, all the way down the alimentary canal. Because flaxseed is such a good thing for ulceration-related conditions, and helps to regulate epithelial tissue cancers, like for example, breast and prostate, and those are very hormone sensitive. And, it turns out that flaxseed has these lignans, which are turned into enterolactone, and enterodiol, which are the plant analogs of endogenous estrogens.

Only the difference is that, when you have excess of estrogen of that type, human, let's say estradiol, it will overstimulate certain receptors in the body. That's why sometimes estrogen dominance they talk about, being related to fibrocystic dense breasts, and therefore precursors to types of hormone-sensitive cancers, is that it can block out the action of very strong estrogens, while simultaneously stimulating mildly the receptor, and maintaining longer contact at that receptor site. Which means that it's basically adaptogenic, it's modulating the receptor. It's also known as a selective estrogen receptor modulator.

Pharmas try to co-op that and created aromatase inhibitors like a Arimidex, to try to fight breast cancer. But, flaxseed has now been clinically validated, epidemiologically, all these animal studies as well, to be one of the most powerful preventive chemotherapeutics on the planet.

So, in terms of people who have been already diagnosed with breast cancer, they take flaxseed. The chance of recurrence goes down significantly, and future mortality-related cancer significantly drops. It's just a seed, and it has this amazing benefit. This mucilage is so good for regularity, and that's one of the benefits of it. If you go on Greenmedinfo, we've indexed research on flaxseed, there's over 70 health benefits of it identified in the literature, and it can't hurt a single fly on the planet."

DR DANIEL NUZUM'S INSIGHT ON FLAXSEED

Jonathan Otto: And ideally you have the seeds whole, keep those seeds whole in the fridge, particularly with the flax. And then you grind them on the day that you're using them. You have it. ...

Dr. Daniel Nuzum: As fast as possible.

Jonathan Otto: Yeah. Oh yeah, you have them quickly, that's a good point. And then you can make that even into a chia seed pudding if you're going to, with some almond milk or something like that. Or a better alternative than almond milk like coconut milk, even. Yeah, good point. Good point, yeah.

Or you could blend it up with a frozen banana and that's going to give that creaminess anyway. And then you can put the flaxseed on top of that ground up. So lots of ways to do that, that tastes good. And that gives you your Omega-3s. And then if you get the grains out for a few weeks and you're doing the greens, then you're creating the space to be able to consume that heavy amount of minerals. But then you have the grains out, then you're depriving the Omega-6s and you're pushing the Omega-3s up. And that's where the inflammation is coming in with the high Omega sixes and lower Omega three's.

So you flip that the other way around, and so then your raw food is then going to just help you revitalize your system. You'll be cleansing toxins, probably even purging parasites, especially with the coffee enemas and the raw food together.

Dr. Daniel Nuzum: For sure.

Jonathan Otto: Let alone if you're doing digestive enzymes as well or taking an anti-parasitic formula that has green harvested black walnut hulls for example, or wormwood or mimosa pudica seed. These are some examples.

But why don't we just talk about some... This approach in regard to the importance of raw food. I believe that if I had long haul COVID or if I had a vaccine injury, these are the things that I would be doing. And I'd be doing also fasting as well.

MICHELE SHERWOOD'S ADDITIONAL INSIGHT ON FLAX SEED.

Dr. Michele Sherwood: And if they already come in and they've already done those things then it's time to go to the next step. We need to test, we need to look at that Mercedes-Benz of labs, that micronutrient testing, we may need to do a stool test. We might need to even evaluate genetics. Genetics gives us so much information. It tells us about how they detoxify and that is one of the most important thing even when it comes to talking about vaccine injury. I mean, if the vaccine comes in and the system is not able to eliminate it through phase 1 and phase 2 detoxification systems in the liver, it's gonna get stuck in the system somewhere. So, we have to improve a system's ability to eliminate through the liver, through the kidneys, through the lymphatic system, through the skin.

We've got to clean up those pathways and help them improve their ability to get rid of what may seem like a foreign offending agent to their system. We have to look at oxidative stress pathways. Going beyond just simple immune protocols, there are enzymes called superoxide dismutase and catalase which are actually blended in supplementation now. They can be found in multivitamins, they can be found in certain sources of Vitamin D, they can be purchased by themselves. And a lot of times these enzymes are actually genetically deficient. So, if they're genetically deficient, that system is set up to have oxidative stress or to rust in real time quicker than a system

whose enzyme systems run normally. So, if we know that, we can support that. Individuals may be predisposed to Type 2 diabetes. They may be predisposed to lipid dysfunction. So if we can see that, we can support the system in being optimal and not being predisposed to chronic sickness and disease.

Jonathan Otto: That's really helpful. So, and let's go, kind of- let's have a look at common deficiencies, because- And you can correct me on this if you see it differently. If people have deficiencies, it sets them up for more issues when it comes to toxin exposure because the deficiencies will mean that, let's say for example, they get exposed to aluminum and they're deficient in zinc or magnesium or some of these heavy minerals and the heavy metals or the denser minerals. Will there be an issue here where the body can take in these toxins and distribute them to the receptor sites and then people are more apt to injury?

And even if these things have been happened, we are all in these same situations, correcting the deficiencies by supplementing with the correct nutrients will then allow our body then to quiet this issue and help the body to get rid of these toxins and support the body's deficiencies and allow the body to function properly. Is that true? And then, how would you advise these types of minerals to be put into people's diets and what dosages?

Dr. Michele Sherwood: That's absolutely true. And again, that's the reason that we test and don't guess. So, the genetics tells us where they're likely to be deficient and then the testing is the scorecard. How deficient are they? What actually is it that they need? And then we'll optimize those nutrients personal to the patient. So, 2 things that we see deficient 100% of the time when we test the lab is Omega-3s. 100% of the population is gonna be deficient in Omega-3s a 100% of the time if they're not supplementing or supplanting the diet. And as we know, the diet is very insufficient in Omega-3 fatty acids today.

Jonathan Otto: Can they do it with flaxseed or chia seeds ground up? Does that- Can that get them Omega-3s they're looking for or not so much?

Dr. Michele Sherwood: There are Omega-3s in flax and in chia and in hemp. Those do come with also Omega 6s, 7s and 9s as well. So it may not get you the ratio that you're actually looking for. If you're a vegetarian, you may have to bring in the algae sources which of course is gonna get you a little bit higher in the DHA. A genetically efficient system can make some of those Omega-3's EPA and DHA from ALA in the downstream pathways. So, if you know the genetic structure and what you're doing with the person, you can get a good quality and outcome by supporting with some of these other plant sources like flax and hemp and chia.

Spirulina

Spirulina is a type of blue-green algae that grows in both freshwater and saltwater environments. It is often consumed as a dietary supplement due to its high nutritional content and potential health benefits.

The following are some key characteristics and potential benefits associated with spirulina:

Nutritional content: Spirulina is rich in protein, containing all essential amino acids, making it a complete protein source. It also contains various vitamins, including B vitamins and vitamin K, as well as minerals such as iron, calcium, magnesium, and potassium. Additionally, spirulina is a source of antioxidants, including phycocyanin, which gives it its blue-green color.

Antioxidant and anti-inflammatory properties: Spirulina contains a range of antioxidants that help protect against oxidative damage in the body.

Immune support: Some studies show that spirulina has immune-boosting properties. It has been shown to stimulate the production of antibodies and enhance the activity of natural killer cells, which are important components of the immune system.

Potential anti-cancer properties: Some research shows that spirulina has anti-cancer properties, such as inhibiting the growth of cancer cells and reducing the occurrence of certain types of tumors.

DR. CATHERINE ARNSTON'S ADDITIONAL INSIGHT

“There are 60,000 studies on spirulina, about 40,000 on chlorella. Collectively, 100,000. So we’re not talking just a few. This is a huge number. They’re in the NIH library, they’re in libraries, medical libraries around the world, Japan, Canada, India, France, Finland. Every single country has medical libraries documenting the efficacy and ability of something so natural as algae, a food that was the first life on earth.

It has been proven to stop cancer, Alzheimer’s, heart disease, indigestion. It improves skin, it just improves everything. And yet, scientists have not shared this information with the public. Scientists like to talk to other scientists. So when I read all this science, I thought, this is crazy. And algae has been used in Asia for over 75 years. So it’s actually a crop. Algae is not a supplement. Yes, there’s algae in the oceans, but algae is grown in freshwater in Asia. 99% of all algae is grown in Asia, and 99% of it is used in Asia. And this is why people outside of Asia, like in America, do not know about it. We simply don’t grow up with it. And yet, it’s been used for 75 years safely. It’s as common to them as wheat or corn are to us, which of course, are terrible crops.

So, spirulina algae is a blue-green algae and it’s known for providing energy. It provides energy mentally and physically, and at the cellular level. And it does it just with nutrition. There are no stimulants, no caffeine, no chemicals, no sugar.

And spirulina, as I mentioned, has the highest protein in the world, and all of the protein is already in amino acids. Animal protein is all bound up, it could take two to three days to get broken down into aminos. Then you have collagen, which are in clusters, called peptides, which are a little faster, but algae protein is in individual aminos. So it’s like 99% bioavailable. The bioavailability is critical, because this is how your body gets access to these rich nutrients, and it converts the protein into energy because it has high B-vitamins. B-vitamins are what convert glucose into energy, and it’s loaded with essential fatty acids. So whether you’re a busy mom, a student, a surgeon, everybody needs energy and they need focus.”

CATHERINE ARNSTON EXPLAINING THE IMPORTANCE OF SPIRULINA

Catharine Arnston: One to 1,000. That's crazy. I'll explain later on how that can be sold. It also has been endorsed by the United Nations for 50 years as the answer to world hunger. Why? Because algae has the highest concentration of protein in the world. Our algae has three times the amount of protein as steak at 64% protein. There is nothing in the world with more protein than algae. Algae is also the most studied food in the world. Yes, algae is food. It is not a supplement. There are 60,000 studies on spirulina, about 40,000 on chlorella. Collectively, 100,000. So we're not talking just a few. This is a huge number. They're in the NIH library, they're in libraries, medical libraries around the world, Japan, Canada, India, France, Finland. Every single country has medical libraries documenting the efficacy and ability of something so natural as algae, a food that was the first life on earth.

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But when I learned that it's been used safely, endorsed by international agencies, studied and documented by science. So, algae is not a supplement. It is a food. It is a food crop that's grown in freshwater ponds... Well, they call them ponds, and it's grown in freshwater then it's air dried. We use our... Well, we dry ours without heat, which makes us special. And then it's pressed into tiny tablets that we call bits, because they are bits of food. They're teeny-little-tiny tablets, but the size of a baby aspirin. And the amazing thing about these tiny tablets is one tablet has the same nutrition as an entire plate of vegetables. One tablet has the same nutrition as three quarters of a pound of vegetables. This makes it effortless nutrition. This is the answer to getting you, your family, your children nourished effortlessly and instantly. We encourage you to take five or 10 tablets a day.

But even if you just started with a handful, this is real food. By the way, algae was the first life on earth 4 billion years ago. There was nothing on earth before algae. It was just gas and water, and then algae started growing. So algae is everywhere. But the two that are harvested as food crops are spirulina and chlorella. And as I said, they're documented as proven ways to prevent illness or correct illness. This is mother nature helping you heal naturally. No medicines, no surgery, no supplements. It's real food and it's loaded with 40 vitamins and minerals, 60% protein, the highest chlorophyll in the world. I'm going to tell you why chlorophyll is so important, and it's missing from almost all of our food

MORE INSIGHT INFORMATION FROM **CATHERINE ARNSTON** ON SPIRULINA WITH VAXX RECOVERY

Catharine Arnston: And one of the things that was quite amazing to me is that the spirulina algae is a blue-green algae, and the pigment that's in there, that's blue, is called phycocyanin. Now, researchers have found that phycocyanin sits on top of what's called the ACE2 receptor cell, which is where the COVID virus enters the pigment,

phycocyanin, found in spirulina will sit on top of that and shield it so that COVID virus cannot enter. And proof that this is working is the University of Pittsburgh's Pharmacology Department developed a vaccine nose spray based on algae. And I don't know the details, but I'm convinced that it must be using this phycocyanin because of its ability to prevent the COVID virus from entering. Now the other thing is if you are sick, the key to getting better is building your immune system, and chlorella has all of the nutrients that build your immune system. And part of your immune system is having healthy mitochondria, because your mitochondria are what generate all the energy for your body, all the energy for your brain, all the energy for your immune system to work properly.

So the best way to heal faster is to support and build your immune system. So I want to switch over a little bit to mitochondria, because when you understand how to protect your mitochondria naturally with algae, you will be in charge of your health. It will put you back in the driver's seat. You will not be so reliant on the traditional medical invasive procedures or drugs, because you are feeding your body what it needs to mount its own defense from nutrition, something that was given to us naturally from Mother Nature, God, the Universe, I don't care what you call it, but it was the first life on earth, and there's something pretty special about that. And as you're going to find out, it gives you and your mitochondria everything that you need to be healthy, to return to health, to protect your health. And it does it with just nutrition. Nothing else. No drugs, no supplements, straight nutrition.

DR TED FOGARTY'S PROFESSIONAL INSIGHT IN SPIRULINA

Dr. Ted Fogarty: But to point of fact, Jonathan, I received a very small monetary amount from the North Dakota Federal Cares Act Grant. I was awarded an Innovation and Communications and Pandemic Ration Nutraceutical Production Grant. Basically in October of 2020, I got the blessing of the Department of Agriculture from North Dakota to come out with these protocols that we're using in Iowa right now, in our clinic in Okoboji, Iowa. But one of the stipulations was, I had to communicate these innovations. The primary innovation was the use of mild hyperbarics for COVID, and with the concept that we were already starting to see long haulers, even in late 2020. But also, I created a designer super nutraceutical that is really tailored toward mitochondrial nutrition. It's basically a blend of the three amino acids that create glutathione, glycine, cystine and glutamine, that blended together with spirulina, which is if everyone should go out and do a search on PubMed on spirulina and viral, and you'll see all this literature on the antiviral pigment effects of spirulina.

There's also anti-cancer effects of spirulina, there's also neuroprotective effects of spirulina and radio protective effects of spirulina. And as Chair of Radiology at UND, I started out years ago, starting advocating for getting spirulina into our patients that are going through elective CT scans and other radiation-based imaging modalities. And so, you combine the spirulina, the glutathione amino acid precursors with beetroot powder. And if anybody wants to just go check my math on this, you go to PubMed and type in beetroot and vascular, and you'll see the world's scientific literature on how important beetroot powder is for the generation of endothelial nitric oxide, which then translates into exercise science and physiology literature, into athletes using beetroot to improve their performance. But what I did as a creative physician battling a pandemic under federal funding was, I took the concept of the nitric oxide in the beetroot, and the antiviral impacts of glutathione, which Tony Fauci in 1991 proved it with US tax dollars, that increased glutathione levels can shut down RNA viral proteins such as the kingpin protein reverse transcriptase.

Dr. Ted Fogarty: So if high glutathione levels are shutting down reverse transcriptase inside the cell, as defined by Tony Fauci's NIH research team, him and three others in 1991, why isn't Tony Fauci at the start of this pandemic telling not just every doctor and nurse, but everyone in America to start taking NAC orally as an anti-pandemic ration. And so, I'm taking these concepts, putting them all together, creating this anti-pandemic ration that should have come from Tony Fauci in March of 2020, when I'm up in North Dakota in October of 2020. And so, this anti-pandemic ration went out and we gave it to all these first responders, and some of my doctor and nurse colleagues in Bismark, and at least at a local municipal level, we started to pave the purple powder, which is our nickname for it.

Reishi Mushrooms

A type of medicinal mushroom that has been highly valued in traditional Chinese medicine for thousands of years.

They have a distinct fan-shaped or kidney-shaped cap with a shiny, reddish-brown color and a woody texture.

Reishi mushrooms are primarily found in Asia, growing on the decaying logs of various hardwood trees.

They are renowned for their potential health benefits and have been extensively studied for their medicinal properties. They contain a complex array of bioactive compounds, including polysaccharides, triterpenes, sterols, and peptidoglycans, which contribute to their therapeutic effects.



Immune system support: Reishi mushrooms enhance the activity of the immune system, helping the body fight off infections and diseases.

Anti-inflammatory properties: The bioactive compounds in reishi mushrooms possess anti-inflammatory effects, which are beneficial for individuals with inflammatory conditions.

Antioxidant activity: Reishi mushrooms contain powerful antioxidants that can help neutralize harmful free radicals in the body, potentially reducing oxidative stress and cellular damage.

Stress reduction and relaxation: Reishi mushrooms are often used as an adaptogen, a substance that helps the body cope with stress and promotes relaxation.

Potential anticancer properties: Some studies state that reishi mushrooms have anticancer effects, including inhibiting tumor growth, boosting the immune response against cancer cells, and reducing the side effects of chemotherapy.

DAVID WOLFE'S ADDITIONAL INSIGHT

"I'm a big fan of medicinal mushrooms, like Reishi mushroom. Reishi mushroom tea for anxiety and depression, one of the most highly recommended. Now Reishi mushroom tea in the old days, you gotta go pick the mushroom off a tree and make a tea out of it. Today we've got all different forms of Reishi mushroom as powders, myceliums, extracts, and to me that's one of those areas where we've taken the creation and we've now dished it up in a way that's really more amenable for the average person. So in some ways it's kind of an improvement. That's the only way you can really take nature and prove it, improve it, in any way.

And so one of those ways is, interestingly, is medicinal mushrooms. And so if we can get, just get people getting more of that and get the raw foods in, so we bring that vibration up a little higher 'cause the original food has energy in it. Just eating that wild thistle, wild dandelion, wild lettuce yesterday, I felt it, and I felt something really good from it, and it was almost the direct connection from the magic of the earth here in this area right to you. Being disconnected from the energy of the place that you live causes a lot of problems and a lot of neuroses."

MORE OF DAVID **AVOCADO WOLFE'S** INSIGHT ON REISHI MUSHROOMS

David Wolfe: So, those are the basics. Then, we've got to start looking at, "Okay, do I have heavy metal exposure? Maybe a spike protein exposure. Maybe I was exposed to viruses. You know, how do I protect myself? And what do I do?" Every day, we need to find an herb in an herbal system that makes sense to us, that agrees with us. So, for example, I'm a student of all herbal systems all over the world because I've traveled all over the world and I liked them all. I've seen great things in all of them. Wherever you are is the full Pharmacopeia of everything you need, but one of the great categories is the polypore mushrooms, which are the mushrooms that grow out of trees. And that's something that I just mentioned earlier. Reishi mushroom is one of those. Chaga mushroom is one of those. And those are what we would call super herbs.

They're in the top category in all medicinal systems worldwide, and every place where there's a forest or trees, you're gonna have them. I was at the Dead Sea actually, and on a wonderful trip. And I was up late at night, couldn't sleep and right at some little thing right next to the Dead Sea in some little community, and I was walking around and I was going past these trees and you know how dry that desert is. It's one of the most driest deserts in the world. And I look on over there and there's a mushroom going out of a tree. And I thought, "Geez, even at the Dead Sea, there are polypores or mushrooms that grow out of trees." And it takes just a little bit of education to figure out like, "Okay, tree mushrooms are medicinal mushrooms. Ground mushrooms could be food, could be totally toxic, could be neutral, but mushrooms growing out of trees, they are medicinal mushrooms."

There's a couple of exceptions. There's one in Australia that's a toxic mushroom that grows out of a tree. Almost no other exceptions in the world. Just so everybody knows that and it's important to know that. Now, if you're confused, if there's like decomposed wood and you're like, there's a mushroom coming out of it. And the woods, like all the way down. And you're like, "I don't know if it's grown out of wood or the earth," skip that one. It's got to be obviously growing out of a tree. And once you know how to pick the polypores and understand them and

make teas out of them and they're delicious and they're really high level immunological material, and they help your body to remove heavy metals, they help your body to improve white blood cell.

They help your body to immediately stop infections. Then you start gaining some momentum. And that's all it takes just to understand, like just say reishi mushroom. I had a friend he sent me some videos the other day, he's an old friend of mine, really incredible story about- We, I've met him over the internet and then realized that we knew each other as kids. That was really something incredible.

Repairing a Damaged Immune System Post-vaccine

DR. DANIEL NUZUM

I'm not here to convert medical doctors, I'm here to help those who don't know about this. I want to teach you so you can take care of yourself so you're not dependent on us doctors. That's what this is all about. That's why I show up on these things. I want to teach as many people how to help themselves so they don't have to depend on the doctors because, unfortunately, most of the doctors don't know how to fix these types of problems. So what are the remedies? That's the next question. What do we do, Doc? What's the remedy? Well, this is going to come in multiple layers, so I want you to take notes. Number 1, if you're putting toxins in your mouth, it almost doesn't matter how many pills you take.

You may be able to get enough pills in your system, enough supplements in your system to maybe neutralize the toxins that you're stuffing in your mouth, but you're never going to get ahead. You may be able to take enough supplements to minimize the collateral damage...

So first off, let's talk about how to remedy all this. What are our remedies? What can we do about this? Well, first off, if you're taking and putting toxins in your mouth and you're swallowing them on a daily basis, you may be able to take enough supplements to neutralize what you're doing to yourself with eating garbage, but what is going to be real hard is for you to get ahead. Actually, minimizing the impact of our environment takes a unified military-diligent approach. You have to eat good, clean food, and you have to supplement. If you're going to have all of the nuts and bolts for your body to repair itself, you're going to have to do both of those 2 things at the same time. You can't do one or the other, and the food- Now, let me just take a step back. The supplements that I stand for, the ones that I believe in are concentrated food, food concentrates, herbal concentrates. Why? Because we can't grow things like we could 100 years ago. The soil doesn't have the nutrients to get into the food. Therefore, we have to do concentrates of the food in order to get the same amount of nutrition. Therefore, you can't eat a healthy diet and be healthy, you have to supplement. You have to. If you're going to get all the vitamins and minerals, to get all the nuts and bolts your body needs, you're going to have to supplement, but you need to do those 2 things side by side. Doing one or the other isn't enough.

Next is water. Municipal water. You know what happened in Michigan, in Detroit area? You know what happened there? You know everybody got the lead poisoning? They still had lead pipes in their municipal water system.



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What they did is, they raised the amount of fluoride that they were circulating in the water system, the municipal water supply, by just a minute of, I think it was a 100th of a percent, but it was just enough to start eroding all of those lead pipes, and all that lead started leeching into their water system. So the problem there is, not only did they have the fluoride, they had the lead. And the thing about fluoride is it likes those heavy metals. They bond together and make something even more toxic. So it was really nasty. Toxicology is a rough area of study, because, my gosh, 1 thing's toxic, 2 things are 10 times that toxic, 3 things are 100 times that toxic. That's the math when it comes to toxicity. It's not $1 + 1 = 2$, it's 1 amplified by $1 = 10$, and then you add another to that, that amplifies it by another 10 to 20. It's crazy. Toxicology, it can be scary.

Now, when it comes to water, we have to drink clean water. Water is the medium that everything moves around in our body, and if we put dirty water into our system, just all the more that our filters have to clean out. You're going to stress your filters even more by putting dirty water in. So we need clean water. So we got nutrition, which is a good diet and supplementation. That's number 1. Number 2 is good water. How are we going to move these nutrients around the system if we don't have good water? Number 3, specific supplementation. Those are things like herbal remedies, medicinal mushrooms, higher dose individual nutrients, or even higher dose groups of nutrients like your water-soluble vitamins or periodically taking large doses of Vitamin D. Vitamin D has over 3,000 known functions.

Vitamin C. There's a component in our bodies, a tissue called fascia or connective tissue. So that's the protein matrix that holds everything together. It connects everything. You know what Vitamin C does? Vitamin C protects and anti-oxidizes or preserves that protein, keeping it from breaking down too fast. So if you're Vitamin C deficient, guess what? All your proteins break down too fast, and your face sags, your rear end sags, and everything sags. Now, taking Vitamin C isn't going to put your cheeks back where they're supposed to be, but your cheeks can't go back to where they're supposed to be without Vitamin C. And on that point, remember I talked about zinc earlier and how zinc makes up the component of those zinc-dependent enzymes that repair our protein. So the zinc enzymes are going around repairing protein, but if the Vitamin C's not there to anti-oxidize and slow down the deterioration of those proteins, the zinc enzymes can't keep up.

So there's a huge symphony that has to happen when it comes to nutrition in your immune system. We had nutrition, water, now we have, I call them co-factors. Herbal remedies, medicinal mushrooms, things like adaptogens, those types of things. You got Chaga mushrooms, Reishi mushrooms, turkey tail mushroom, Cordyceps mushroom. Those are some of my favorites. They work so well in so many different areas. And what's nice about those things is, they supply food for your microbiome, they supply information and fuel to your immune system. There's a lot of things that those do. Then we have things like adaptogens, like Rhodiola, or Eleuthero, Ginseng, and even you have calming adaptogens like holy basil, Ashwaganda. These are all different things that help with enabling your body to adapt. Anything that stresses your body is stressful because it's causing you to adapt.

If you get on adaptogens and stay on them for extended amounts of time, they train your body, your immune system and your whole system actually to handle stress better. So you become more resistant, more resistant to stress. And that's not just emotional stress, I'm talking chemical stress like from the environment, I'm talking infectious stress, microorganisms and viruses, things like that. These things raise your resistance so you can ward

off these things much easier. Then we have activity. If you're not up moving around, things aren't circulating. My very first appointment with people, I always explain that there are 4 things that we have to establish or re-establish before you can even start getting better, and there are 4 areas of circulation that have to be circulating in order for your body to even start to heal.

These are your blood circulation. Your cardiovascular system has to be pumping and moving blood around. If that ain't happening, nutrition doesn't happen, detox doesn't happen. There's all kinds of things that are involved there. Number 2, your lymphatic system. It has to be flowing. Your lymphatic system works just like the sewer system in a city. The sewer system's plugged up, all the cells, or the houses, get toxic. So if that sewer system isn't moving, is not circulating, all that nasty stuff, that all backs up into the houses. It's exactly what happens in your body when your lymphatic system's not draining. If your lymphatic system's all plugged up, and it isn't draining, and it's not circulating, all those toxins that your cells are throwing off are then coming right back onto the cell and eroding your cells. It's a really nasty process. The lymphatic system has to be draining. That's number 2. Number 3, your digestive system has to be circulating. From top to bottom, it has to be circulating. Things have to be moving in your digestive tract. If they are not, you cannot heal. I had an argument with the largest patient I ever treated, weighed over 680 some pounds, and we had an argument about what was regular, and he told me twice a week, that was regular. He'd been twice a week his whole life. And I said, "Well, that's fine. How often do you eat?" He said, "3 times a day." I said, "Okay. So you're telling me you're having 21 meals a week, and you're only getting rid of 2? You think that doesn't affect your weight?" Digestive system has to be circulating. Things have to be moving. Number 4, your nervous system. The impulses from your nervous system have to be circulating. If those things aren't circulating, healing is going to be very, very difficult. So how do we do that? Well, the primary mechanism is movement. We have to be moving or we have to be active.

Your digestive tract has to have enough water and enough fiber in it in order for it to exercise and keep moving. If it doesn't have enough fiber and it doesn't have enough water, it's not going to move very well. Your blood, your cardiovascular system, isn't going to pump around really well if you don't get the pump active. If all you're doing is sitting down, the pump's going to be really low on the activity level. You start getting up, moving around, the pump's going to pump more. And as it pushes, it's going to move that blood and circulate that blood. It's super, super important. As you're up moving around and you got those muscles moving, those joints moving, everything's active, that's what pumps the fluid around in your lymphatic system. That's how you circulate everything around in your lymphatic system. That also helps get those nerve impulses going from your brain through your spine out to your hands and feet and liver and kidneys and heart and everywhere else, and back.

So where do we start? Nutrition. And good nutrition is a healthy diet with supplementation. Number 2, water. You have to have water, and you have to have good clean water. It's ridiculously important. Your body's 70% water by weight. If you don't change that water, I mean, come on, how many times- If you want to keep your car healthy, you have to change the oil every once in a while. You don't put good clean water in your system, you're not changing your oil very often. Then we've got movement and circulation. We have 4 levels of circulation. We have cardiovascular circulation, lymphatic circulation, digestive circulation, nerve impulse circulation. Those things have to happen. They have to happen. And if those are happening, and they're happening well, then we can think about detoxing. But until those 4 things are happening, detoxing shouldn't even be on the map. There's

preparation before detox, and that's in any way. You've got to get things moving in your system before you try to move the toxins out of your system. If there's a traffic jam, you're just going to make things worse.

So specific remedies would be anti-oxidant remedies like Astaxanthin, NAC, even L-carnitine would be helpful, although those help also with mitochondrial function, and mitochondrial dysfunction is one of the things that we're seeing with people that have had the vaccine. So those would be things to look at. Also things like medicinal mushrooms. That's another fantastic thing. Medicinal mushrooms are one of the ways we can help repair our DNA is through medicinal mushrooms. It's one of the effects that they have, and that's one of the things that these vaccines are harming is our DNA. Adaptogens. Adaptogens increase your ability to adapt. And if you can't adapt to very well walking up the stairs, you go from the bottom of the steps to the top of the steps and you're huffing and puffing because you can't adapt to that kind of movement, it's something adaptogens could help with.

If you can't adapt to other types of stress or you are in a crowded place and someone coughs and you get sick, you just don't have much resistance, adaptogens enhance resistance. At drnuzum.com, I have all those types of things, by the way. Another thing to look into would be CBD. That's another thing to be considering both as something you could use to minimize the inflammatory response from these vaccines, and then also something you could use as a remedy for viruses and things like that. There's all kinds of research out there right now, especially on more recent viruses and how CBD can deactivate those types of things. So something else to look at.

DR. HENRY EALY

Okay, so what we have here and what I want to share with everybody today is 2 cases that I've been involved with in helping, in success cases. I think that's something so important for us right now is, you know, if I had my druthers about all this, doctors and everybody in the healthcare field will be sharing information all the time. what's working? What's not working? You know, so we can really hone in on the key strategies, the key approaches that are going to bear fruit for people in need. That's what this is supposed to be all about if we're all in this together.

If anybody who wants to, they can get these free resources on covidcon21.com. What we've done is we've put together a really, I think, thorough prevention and early treatment strategies down here. Some of you might already be aware of this. We have a great talk that I was a part of with Dr. Peter McCullough, Dr. Simone Gold from the American Frontline Doctors, and myself. Just really in-depth on what we are seeing clinically, the exact conversation that we should be having throughout this.

I think it's really important also to bear in mind this disclaimer, I wanna make sure that that's a part of everything I'm doing now, that all the information that we share on this interview and that's shared on this website and anything else that I do share with the audience is that it's public domain and for educational purposes. Information can be shared freely with the understanding that all statements have not been evaluated by the FDA. You can go to the FDA's website to get their position on various therapeutic interventions. I respectfully disagree with a great deal that's on there, but that's neither here nor there. I think we should be able to disagree in a free society.



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We are required to inform you, though, that any information presented on this site, in this interview, on any of the videos are not intended to advise, diagnose, treat, cure, prevent any disease, including COVID, and we're required to inform you that any information presented on this site, videos in this interview are not intended to constitute legal advice. Always, I should say, consult with qualified licensed medical professionals and legal experts before an acting information presented in this interview.

With that being said, you know, we wanna make sure we can share evidence-based information. I think that's the real key here. So, I've been working and I provide some background here on the work that I've been doing really since June 30th of 2020 and before to try and work with and collaborate with state health officials. I submitted for everybody's review a couple of Gmails and a couple of emails that I've had with some folks. We've been in a couple of meetings, but we've been largely ignored without any really justifiable reason, in my opinion.

With that being said, you know, and with a duty to help people in need, I want to do that, do my part through education. I've been teaching for well over 2 decades. I'm the founder of the Energetic Health Institute. What we do is we bring information together, we collect it, we analyze it, we really organize it, and then we share that information from the heart for the betterment of all. That's in our mission statement.

A couple of things. If you want really detail, we've collected well over 100 research articles here on COVID-19: Restoring Public Trust During a Health Crisis. There's lots of links throughout this website to substantiate what we're saying. We're not just pulling things out of thin air and left field. We wanna make sure that what we share is verifiable information, as we should all be doing. These are the basic standards for it.

So, I'll get into this information a little bit later, but I wanna talk about immune priming as a theory because people talk about prevention and prevention strategy. And I want to make sure that we understand when we're talking about COVID, what we can do to make sure that our immune system is prepared for any exposure to COVID, especially if it's a first-time exposure and a person's immune system hasn't really figured out yet how to deal with this infection, especially if it's one of the Delta variant or any of the new variants that come along.

The best approach, in my professional opinion, is to prepare the immune system for battle. To prepare your immune system to be effective, efficient, and really work on your behalf. And to do that, your immune system is going to need some key immunological nutrients. The first one that the immune system's gonna need is Vitamin D. And Vitamin D is really all about coordinating the immune response and stimulating what are called "antimicrobial peptides," "cytokines," and "immune cell proliferation." I wouldn't be surprised if it's involved in the production of interferon as well.

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



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Vitamin C is another antioxidant. When you think of antioxidants, you think of stopping damage before it starts. I think that's really the key way to understand the effectiveness of antioxidants. Antioxidants that we get in vitamin form are gonna be very effective. Antioxidants that we get in the plant world, like some of the polyphenols and some of the anthocyanins that we find throughout the plant world.

One other thing that's interesting in the plant world is that the antioxidants that we get from the plant world are part of the plant's immune system and what the antioxidants are doing is helping to prevent infection in that plant. It's so interesting that our bodies can utilize those same antioxidants in the same capacity. It's like the plants were developed for us. We grew up together and they're a part of our existence, that they're such an essential part of our existence, of a healthy existence. So, Vitamin C is also gonna protect healthy cells, including the activated immune cells. It's going to be also specifically antiviral. Now, we don't know if it's antiviral. I haven't seen anything published showing it's antiviral specific to SARS-CoV-2, but we do know it's been antiviral to other viruses in the past.

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

What primes it to work? You got it, nutrients. People who have an abundance of nutrients in their body are going to be less likely to experience severe symptomatology, need hospitalization, and have worse outcomes. People who are deficient in these things, people who are deficient in Vitamin D, Vitamin E, Vitamin C, Vitamin A, which we'll come to next, are gonna be more likely to have a much more arduous experience when they encounter and are affected by a new pathogen.

Now, what's also interesting is that the Vitamin C is gonna help increase the circulating number of antibodies, so it's gonna make the immune system more effective. Now, we get into Vitamin A. Vitamin A is gonna be all about coordinating the cellular-immune response and promoting immune cell proliferation. It helps immune cells divide and things like that and it's going to enhance the mucosal integrity of the system.

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



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as well. One of the defense systems that your cell has is an enzyme that it's going to help block viral replication. Well, that is a zinc-dependent enzyme, so the trick is getting zinc into the cell.

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

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

What we want to think of, 'cause a lot of people get sick and they don't feel good, right, that's why we're so afraid of getting sick, we don't feel good. Well, when you don't feel good, it's the pain that you're feeling, the uncomfortableness that you're feeling, those are sending signals, excuse me, through your nervous system, telling the immune system where to go. You think of pain as not necessarily a bad thing. Pain is really a beacon for the immune system. It tells the immune system where to go, where the immune system is needed, and it's an important part of this entire cascade of events that ultimately, when it's conducted properly, results in a person healing, you know, when a person is overcoming an infection. Well, in addition to quercetin, which you can find in frozen organic blueberries in high content, green tea is going to be something. Organic green tea is something that also will help get zinc into the cells, as it acts like a zinc ionophore.

We've read some research from Dr. Sabine Hazan that we really love on bifidobacterium. She just published a pre-print manuscript that's fantastic. You can get it right here on that link, showing that the commonality and the microbiome of every person who had severe infections of SARS-CoV-2 virus. The thing that they all had in common, one of the things that they've all had in common is that their microbiome was absent of bifidobacterium. They didn't have any good probiotics, bifidobacterium in their microbiome, in their digestive tract, so that becomes something else that we would consider.

Then we have other things that we would consider, such as multivitamin with pantothenic acid. People ask me, "Well, how do I know if my multivitamin is good? How do I know if it's strong enough?" Right? Multivitamins are fantastic at nourishing your mitochondria within the cells, your cells' powerhouses. I have been working for over 2 decades with people. I have not had one patient who hasn't been on a multivitamin because that's how essential multivitamins are to the entire restoration of health and healing process.

When we are healing, there's one rule I put above all others: get the body producing energy. When the body produces energy, healing is virtually, not always, but virtually a foregone conclusion. So, what we do is we get a good strong multivitamin in with a lot of B-complex vitamins because I should say almost all of the B-complex vitamins participate in energy production at the mitochondrial level.



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What I tell folks is an easy way to look and see if your multivitamin is really strong and doing a good job is to look at pantothenic acid, Vitamin B5 on the label. If there's at least 100 milligrams per serving of Vitamin B5, pantothenic acid, typically that is a multivitamin where the other vitamins are in therapeutic range, and it's gonna be pretty effective at helping the mitochondria within each cell produce energy. It's gonna drive that energy production. And when there's energy in the cell, something amazing happens within the cell. All the functions, all the little organelles within the cell turn on and start doing what they're designed to do. So, the parts of the cell that are designed for detoxifying the cell turn on and they can start detoxifying what's not supposed to be there.

The other things that turn on are the ability to replicate a healthier version of itself. It takes energy to replicate, so we want to make sure that that happens with minimal errors throughout the process. How do we do that? Energy, ATP, and then we have metabolic enzymes, enzymes that are gonna help break down foods into smaller substrates so that the cell can digest and do the things that it needs to do. Well, folks, it all requires energy. When you have energy at the cell level being produced, then something amazing happens. The cell starts producing a wide array of enzymes. And when the cell starts producing a wide array of enzymes, you get to see what the potential of that cell really is and how your body is designed to heal, right?

Your body is encoded with all the information it needs to heal. It just needs a little bit and it doesn't ask you for much. It doesn't ask for much Vitamin D, much vitamin E, much Vitamin C, and all the other wonderful immunological nutrients. It doesn't ask for much, but what it needs, that little bit it needs, and it's your job to provide it. So, a little bit of Vitamin D goes a long way, a little bit of Vitamin E, Vitamin C, Vitamin A, zinc, quercetin, bifidobacterium, and even a multivitamin, a really strong multivitamin, something with a Vitamin B5 content above 100 milligrams. These are all good ideas for priming your immune system.

If you added onto that a good amino acid, protein powder, something to put into a smoothie, if you added onto that, if you wanted to be really specific, liposomal glutathione, then what can happen for you is now you have set your immune system up for success. Your immune system is primed, it's on the lookout, and should you come into contact with the SARS-CoV-2 virus, which you will, that's something we're all gonna have to accept, everybody is going to be exposed to this at some point.

That's the problem with having a manmade manufactured virus released out into humanity, you know? That's why we don't wanna support gain-of-function research and opening Pandora's box because it is a guarantee that once something escapes containment, or is released from containment, investigation will have to show what happened there, but once something like that happens, it's a virtual certainty that it's going to spread throughout the entire species. And that's where putting your immune system in a position for success, priming your immune system can be so instrumental.

So, what we've done on this page, prevention and early treatment, what we've done on this page on the covidcon21 website is we've laid out based upon the research what is the therapeutic range of nutrients for all these things for truly priming your immune system in our opinion. Again, this is for educational purposes, and we would want you to discuss this with your doctor. And you know, and they might have a different opinion and that's okay. You have to decide. You have to decide who you're gonna go with and what you're gonna do. That's the power that you still possess. We want you to keep that power.



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We put up here the difference between what the recommended dietary allowance and what we're recommending for a therapeutic range is. We have it for different age ranges, 13 and up and 5 to 12 published on the site. So, there's information here to consider. We're not saying, again, we're not advising, we're not treating, we're not making any claims. There's no attempt to be deceptive here. We're just saying, this is what the empirical evidence suggests. This is what's in the literature.

Now, when you go a little bit deeper, this is the basis for my immunological work when I work with people. I've consulted with over 100 cases, we have 100% success rate in the cases that I've consulted on, and we've had noticeable accelerated recoveries as well. So, this is the basis of what I'm doing with this, is understanding the mechanism of action, what's happening at the cellular level with all these nutrients, and then making sure that the nutrients are available to the person in need.

When we go a little bit further down, and on this page, you can find stuff like Clinical Testing and we're really advocating that people make sure after they recover, they test for antibodies, for IgG antibodies so they can prove that they're immune and no even potential threat to anyone. We have lot of great stuff here on Vitamin D, specifically from the c19early.com website. This is their specific Vitamin D page on there, but really great. These folks here, I don't know who they are, but they have organized so much research, virtually all of the available research from around the world, for everything from ivermectin and hydroxychloroquine to Vitamin D, Vitamin C, Vitamin A, so you can see what the scientific literature is actually saying instead of having to be reliant on a narrative.

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

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

Now, we have some information on this page as well on recovery information, and especially for mild. "Mild" meaning that a person, hospitalization is not required. But one of the things that when people get tested that's been fingernails on the chalkboard for me is they get sent home often with no recommendations, no prescriptions, nothing. They'll just said, "If things get worse, come back and see us. We'll start treating you."



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That's not the way medicine is supposed to be practiced. Medicine, when we get to a diagnosis, the whole point of doing testing and checking symptomatology and clinically getting to a definitive diagnosis is to open up the pharmacopeia so we know what we need to do to treat and help that person recover. Sending somebody home after you've diagnosed them with COVID is unethical because you're not sending them home with a treatment. You're not sending them home with something that's gonna support their immunological response and hopefully prevent a future hospitalization. It's unethical, so we really like the work that Dr. Pierre Kory of the Front Line COVID-19 Critical Care Alliance, the FLCCC has been doing. We have a link to it here.

We have some additional considerations for when people are recovering. I'll talk about a case like this in a second. L-arginine is a precursor to nitric oxide, which dilates the blood vessels. This is all from the UCSD, University of California San Diego Salk Institute Study. What they found helps really reverse the damage caused by the spike proteins. L-arginine is one of those therapeutic interventions, liposomal glutathione, or N-acetyl cysteine is one of those interventions, and serrapeptase, which is a very interesting enzyme in that serrapeptase has the ability to break down, I should say, theoretically, I've seen this clinically and I suspect that this is what's happening. But it has the ability to break down potentially circulating spike proteins, which we know from the UCSD Salk Institute Study are injurious to the cardiovascular system and to the mitochondria, which produce energy within the cell.

Serrapeptase can help lower the spike protein load circulating and L-arginine is gonna dilate the blood vessels to create more room and liposomal glutathione is gonna act as an antioxidant to help deal with the infection. It's not an accident that we know from studies very early on in this that the people who are glutathione deficient were more susceptible to severe- again, severe symptomatology and hospitalization.

The thing nutritionally we know definitively from the literature is that people who are deficient in Vitamin D, people who are deficient in glutathione are much more likely, and I should say the bifidobacterium, are much more likely, much greater probability of severe symptomatology and hospitalizations. This is important information that we should be getting out to every practitioner who's interested in honoring their oath over honoring a fraudulent narrative of what's going on. And I am gonna say that, okay?

Now, what we have here is, again, some information on how to- on the amounts that we've seen working clinically. Again, this information has not been evaluated by the FDA, and it's not intended to act as advice, diagnose, treat, cure, prevent any disease, including COVID, all right? It's food for thought, it's food for consideration, and something we would hope that you would be talking with your medical team about because I know my patients do a great job of educating me. Maybe you can be that patient that educates your doctor and sparks their interest on going, "Okay, I wasn't aware of this. I wanna learn more."

That's when you know you got a good doctor when you bring some information to them that they're not aware of and they research it for themselves, consider it, and then can come back and have a conversation with you. One of my not favorite things to say to people, but it's something that I think is important if we are really espousing integrity, is that when we don't know something, to simply say, "I don't, but I'm gonna learn. I don't know what you just asked me. I can't answer your question because I don't know enough about it, but I'm gonna go get educated the best I can so we can talk about it." That's when you know you got a good doc that you're working with.

Conclusion

Life-saving, inexpensive, natural, and holistic treatments and protocols are heavily censored and are treated as misinformation nowadays. Big Pharma has devoured the market and is pushing its expensive, synthetic medications that often cause more harm than good.

Natural healing modalities can help support the body's healing processes and alleviate symptoms. Some common approaches include:

- 1. Proper nutrition:** Consuming a balanced diet rich in fruits, vegetables, whole grains, and lean proteins can support overall health and aid in recovery.
- 2. Adequate rest and sleep:** Getting enough rest and quality sleep allows the body to heal and rejuvenate.
- 3. Hydration:** Drinking enough water helps maintain proper bodily functions and supports overall health.
- 4. Stress reduction:** Stress management techniques such as meditation, deep breathing exercises, and engaging in relaxing activities can support the body's healing process.
- 5. Physical activity:** Gentle exercises or activities recommended by a healthcare professional can help improve circulation and promote overall well-being.
- 6. Nutritional supplements:** Some supplements, such as vitamin C, vitamin D, and omega-3 fatty acids, may support the immune system and aid in recovery. However, it is essential to consult with a healthcare professional before starting any supplements to ensure they are safe and appropriate for your specific situation.

Plant-derived or plant-based medicines are regarded as ineffective and the world is slowly shifting toward reliance on man-made synthetic toxins known to cause more health complications.

We have learned from the experts in this ebook that the synthetic drugs and vaccines that Big Pharma produces are toxic and are far from safe and effective. The mRNA shots alone have caused unparalleled death, paralysis, cancer, cardiovascular issues, neurological issues, and sterility, to name a few.

Drugs such as Remdesivir have caused kidney failure, liver failure, multiple organ failure, and even death.

Even further, our experts suggest that even the very agencies such as VAERS or ESP are corrupt – concealing the true data and allowing toxic pharmaceuticals to proliferate in the market.

The good news is, there is hope. Plant-based or plant-derived supplements or medicine still exist, natural doctors are still taking a stand, and buried information is slowly being unearthed.

Our world-renowned experts are showing the way, and their concern is real. All they require is for you to take charge of your own health.

ABOUT JONATHAN OTTO



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

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

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

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

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

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

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

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

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