



COVID VACCINE INJURIES

PROVEN TREATMENTS TO HEAL YOUR BODY

Dr. Henry Ealy

Dr. Henry Ealy: ([01:32:33](#))

Yeah. For a post-inoculation injury, you know, I'm a very big proponent of 3-day water fasting, or 72 consecutive hours of water fasting. I base a lot of what I do on my clinical experience and knowledge of water fasting, as well as Valter Longo at the University of Southern California, who I think has just done a great job in the United States of proving the efficacy of fasting on very serious disease and neurologic diseases, cancers and so forth. I think that when we look at the foundation for this protocol, it's really steeped in the understanding that cells will heal themselves if you give them the opportunity. And that's why people who've experienced intermittent fasting, or people who fast once a month or once a week, typically are in such a- much better state of health than most people who don't.

Dr. Henry Ealy: ([01:33:38](#))

Because they're giving their body a chance to heal up on a regular basis, in fact I can't wait to fast, I'm gonna be doing another fast in January. And I think if there was anything I recommend to folks it's-

Jonathan Otto: ([01:33:51](#))

What do you mean, you can't wait to fast? You enjoy fasting?

Dr. Henry Ealy: ([01:33:55](#))

I enjoy fasting, yeah. I mean, it's amazing, Jonathan, the inflammation in the body just plummets, the spine opens up, makes it easier for resolving subluxation, and realigning the spine, get out of back pain. Saves the wallet, you know, there's 3 days that you're not eating, that saves a little bit of money for the month. And for 72 hours, what you've effectively done is you've given your body a chance to heal at a cellular level things that have likely been backing up from the previous time that you gave your body a chance to fast. You know, on a daily basis, I do practice 16 hours of intermittent fasting before I eat, I'll go 16 hours from my last meal the day before, before I eat any calories the next day. And that does-

Jonathan Otto: ([01:34:49](#))

[crosstalk 01:34:49] 6:00 PM at the latest? Maybe 9:00 or 10:00 AM, and that's probably-

Dr. Henry Ealy: ([01:34:54](#))

Right.

Jonathan Otto: ([01:34:57](#))

... 16 hours right there, if I do the math.

Dr. Henry Ealy: ([01:34:59](#))

Right, exactly, that's 16 hours right there. If you stopped eating at 6:00 PM on Tuesday, you wouldn't start eating until 10:00 PM on Wednesday. And what that does is it gives you-

Jonathan Otto: ([01:35:08](#))

10:00 AM, AM. 10:00 AM.

Dr. Henry Ealy: ([01:35:09](#))

10:00 AM on Wednesday, yeah. What that does is it gives you about 4 hours - 4 hours or so of autophagy at the cell level, of self-healing. That's when you hear autophagy, just think self-healing at the cell level. You do that 7 days a week, that's gonna give you about 28 hours of autophagy, of self-healing for that week. So, that becomes very, very helpful. The only problem is with intermittent fasting, you don't get into the deeper levels, and more intense aspects of cellular healing that occur typically between the 48 to 60 hour mark. That's why 3-day water fasting is so instrumental to this. So, you know, for people who are injured, my advice to them is to always seek a doctor's advice and work with your doctors, but to ask them if there is something here for you with fasting, so that you can do a 3 days of fasting followed by 11 days of nutrient density including a multivitamin, including a Vitamin C and Vitamin D.

Dr. Henry Ealy: ([01:36:21](#))

But also including some things that we know that break down the spike protein, and that's going to be L-arginine in conjunction with glutathione and serrapeptase, which is a digestive enzyme. When you put those things together for 11 days, what you have effectively done, Jonathan, is this. For 3 days, you're saying, "I'm not gonna put any calories in, and that's gonna let my body heal up", right? And when the body heals, it starts healing up at the cell level, what it's gonna do is inside the cell, it's gonna put a little capsule around the spike protein, or the virus, or anything that's not supposed to be there, any kind of infection, any type of mRNA sequence, lipid nano particles and so forth. If they're in the cell and they're not supposed to be there, the cell is smart enough to figure out what's supposed to be there and what's not.

Dr. Henry Ealy: ([01:37:11](#))

The things that are not supposed to be there it wraps in what's called an autophagosome. An autophagosome then will merge with another organelle within the cell called a lysosome, which basically has digestive enzymes in it. And then when you

get these 2 capsules, these 2 things within the cell merging, you have the stuff that isn't supposed to be here, and you have the digestive enzymes when they merge, then the digestive enzymes pour out over the stuff that's not supposed to be there and everything gets broken down. It gets broken down into smaller components, and then the cell will get rid of it, push it out, and now the cell gets healthier. That's the thought process behind autophagy and behind fasting. So, when you do that for--

Dr. Henry Ealy: ([01:37:56](#))

When you fast for 3 straight days, water fast for 3 straight days, under supervision and with approval of a qualified healthcare provider, when you do that you're giving your body 3 days of very intense healing. And this is what we've seen take people over the mark in a positive way who've been vaccine-injured. What we've seen is these people are debilitated and failing fast, and we've seen it turn them around. Now, does that mean-

Jonathan Otto: ([01:38:25](#))

Like what?

Dr. Henry Ealy: ([01:38:25](#))

-- it's guaranteed every single time? No. But, we see it with-

Jonathan Otto: ([01:38:29](#))

Like what type of thing?

Dr. Henry Ealy: ([01:38:30](#))

Oh, well we've seen people from neuro-- with severe neurologic issues, we've seen people with severe arthralgias, you know, joint pain. We've seen people with severe headaches, we've seen people with severe fevers, we've seen people with severe cognitive problems, they weren't aware of where they were and didn't really know what was going on. And we know with all we've learned from the mRNA vaccines in this grand experiment, we've learned that that's because there is a buildup of spike protein throughout the tissues of the body, particularly in the heart, particularly in the brain. So, we have to break that spike protein that's accumulating down, and how do you break that down? Through enzyme reactions. And what are the 2 enzymes?

Dr. Henry Ealy: ([01:39:21](#))

The enzymes that are prominent are gonna be lysozyme within the cell when you're fasting, and then on the other 11 days taking a serrapeptase or a nattokinase, but I like serrapeptase a little bit more. Because serrapeptase will also help to break down any circulating spike protein, and when the body breaks down the circulating spike protein

what happens is now you get a restoration of the physiology and a restoration of the biochemistry, and a person starts feeling more normal, again, right? When people are feeling off and when there's an injury, it's because of accumulation of spike protein post-inoculation or accumulation of virus post-infection, that's really as simple as I can make it. So, what we have to do is eliminate those 2 causative factors, and how do you do that?

Dr. Henry Ealy: ([01:40:10](#))

Post-inoculation, it's through fasting and nutrients. How do you do it post-infection? Through nutrients, nutrients and things like ivermectin. You know, and the data on these things are so substantial that- why- how anybody could even challenge it at this point is just-- Reeks to me of corruption, anybody slamming vitamin D or ivermectin or hydroxychloroquine at this point is just so woefully uninformed that it has to be with purpose. You can't be that uninformed with this much information. And folks that want to check stuff out, you can go to c-- Is it C19early.com? I think that's the one, I think it's C19early, C-1-9 early.com.

Jonathan Otto: ([01:41:04](#))

Just checking. Okay, yeah.

Dr. Henry Ealy: ([01:41:09](#))

Yeah, that's- if you wanna see what's out there, this group has been doing, and I've talked with Steve Kirsch about this, the folks that do this. They remain very protective of their privacy, which I totally respect. But the C19early folks have accumulated so much information on Vitamin D and Ivermectin, hydroxychloroquine, fluvoxamine, all of these candidates for early treatment, and the data is clear. All of them basically work, it's just which one do you want to choose? What doesn't work is when somebody is confirmed COVID and they're at a hospital, and the hospital says, "Well, you've got to go home to get worse. So, we're gonna let that virus incubate in you for 4, 5, 8, 10 days, and if it gets worse and you don't recover, then come back to the hospital and we'll put you on a ventilator."

Dr. Henry Ealy: ([01:42:05](#))

That's a horrible strategy, we'll put you on Remdesivir. That's a horrible strategy. Why not teach people, Jonathan, how to prime their immune systems before they get sick, so that their immunity is on point. And then if they do get sick, why not provide them early treatment based upon empirical evidence so that their recovery is a virtual certainty? That makes sense, see, that's what compassionate care would do. That's what doctors like me want to be doing. These people don't have to suffer, people don't have to die, you know what I mean? And people don't have to subject themselves to be a part of an

experiment they don't want to be if they don't want to be a part of that experiment. So, the data's clear, you know, the only thing we can do is bury our heads in the sand and pretend that it doesn't exist, because it exists, you know?

Jonathan Otto: ([01:42:58](#))

Wow, this site is fantastic, thank you for that. ~~So, this is basically to go [inaudible 01:43:05] and studies, and also, I mean,~~ does it have dosing information here?

Dr. Henry Ealy: ([01:43:09](#))

I'm not sure if it has dosing information. It's more of a collection of peer-reviewed literature to show the efficacy of these, and create- and remove the argument that Ivermectin hasn't been proven, remove the argument that Vitamin D doesn't work. It's just, it's a joke at this point. People-- Anyone saying that is so woefully uninformed that they really just need to shut up. If you're making a claim or a statement, I don't care anymore. If you're making a claim or a statement that Vitamin D doesn't work with the studies that have been performed. That Ivermectin might be injurious or it's just a horse dewormer or something, if you're making stupid statements like that I wish you would do the world a favor and just shut up, just shut up.

Dr. Henry Ealy: ([01:43:58](#))

You are the misinformationist. You are the people that are creating confusion and chaos, and people are suffering because you are too stupid to read through peer-reviewed literature and understand it. Or, you're too corrupt to tell the truth, either way you're not helping the people that really need that help. I've been banging the drum, Jonathan, on Vitamin D for- since the start, since April of 2020. And it's amazing to me that we still don't have any guidance issued on just basic nutrition to people throughout the world. It's amazing to me, the World Health Organization-

Jonathan Otto: ([01:44:40](#))

They're really showing their hands with that, right? That's when they dropped their cards on that

Dr. Henry Ealy: ([01:44:45](#))

My people would say they're showing their ass, Jonathan. But yeah, they're showing their hand, you know?

Jonathan Otto: ([01:44:50](#))

Yeah, there you go. They're completely stark naked here.

Dr. Henry Ealy: ([01:44:55](#))

Yeah, and I don't like what I'm seeing.

Jonathan Otto: ([01:44:57](#))

No, we don't. We [~~inaudible 01:44:59~~] consented to such blatant nudity that is horrifying our senses. Please make it stop, somebody. Okay, so, yeah, man. Well, they can't have our souls, and that's what they want, so that's the real thing. But having a look at this, Dr. Ealy, before you go, okay? So I'm looking at this, so you were saying, should I do the 12 days of immune priming before I do the 3-day fast?

Dr. Henry Ealy: ([01:45:34](#))

You know, when somebody is - we're talking about for somebody who's injured?

Jonathan Otto: ([01:45:39](#))

Injured.

Dr. Henry Ealy: ([01:45:40](#))

Injured?

Jonathan Otto: ([01:45:40](#))

And then for someone that is not, then you could say it's preventative, and then what for them?

Dr. Henry Ealy: ([01:45:46](#))

Let's talk about a couple of these scenarios, just so folks can understand where I'm coming from. I'm going to put this out there, that everybody's going to be responsible, this is for educational purposes only, make sure you discuss this stuff with your medical team, your trusted medical team before you enact any of it. What I can share is what I do, Jonathan. One of the things that I do is I practice immune priming, which we have listed out on that page with those new trends and everything. I practice immune priming for myself and for my family, typically about 4 or 5 days a week. It's not something that needs to be 7 days a week. You just want to make sure you're keeping your Vitamin D levels up, and your other immunological nutrients up, and it's pretty straightforward. It's stuff I teach at Energetic Health Institute all the time. My students have been fine through the whole thing, my students and graduates have been just fine.

Jonathan Otto: ([01:46:39](#))

Yeah, of course.

Dr. Henry Ealy: ([01:46:39](#))

I just need more students and more graduates, right?

Jonathan Otto: ([01:46:42](#))

Right.

Dr. Henry Ealy: ([01:46:44](#))

So, that's the first thing. Regardless of whether you are inoculated or not, immune priming just makes sense. I know for people who are electing to get the inoculation, immune priming will just cut down on adverse events, it just makes sense in every single situation. It's something I've actually been teaching my patients for almost 20 years, the parents who do elect to get their children vaccinated, they have to go to a different doctor. I won't ever push one of those needles, but I want- But if they want to do it I encourage them to do it, and what I tell them though is, you treat every shot like an infection, like somebody got sick, because that's what it's doing, it's making you sick intentionally so that it's an artificial infection so that your immune system can kick on.

Dr. Henry Ealy: ([01:47:33](#))

For your children it's the same process, it's an artificial infection. So, prime the immune system so that when they get the artificial infection their immune system's ready to go to work. And what that'll do is cut down on the likelihood of adverse events, and certainly severity of those adverse events. So, that's the first thing. The second thing we get into is, we have on that page Recovery Protocol, and I really like what Dr. Kory and the FLCCC has done, and I always of course, you know, I'm gonna defer to Dr. McCullough for the MD side of things on pharmaceuticals. But what I will say in my experience treating COVID, consulting on over 100 COVID cases, we have 100% success rate and only once have I had to even use Ivermectin. We've been successful using just nutrient therapy, very similar in a lot of ways to the Brownstein Protocol.

Jonathan Otto: ([01:48:27](#))

And that was over 100 people as well.

Dr. Henry Ealy: ([01:48:29](#))

Yeah, over 100 people easily. I'm low estimating, like I do for stuff like that. And then we get into post-inoculation. So, there's 2 scenarios post-inoculation. One is post-inoculation, you didn't really want to get it, luckily you got through, there were no injuries, but you're concerned about maybe long-term effects, right? Well, you can practice fasting as a precautionary, and just get into it as a habit. I think one of the most important things we can do health-wise moving forward in this world today is to fast regularly, so if that's intermittent fasting for you on a daily basis, great, that adds up like we said, 28 hours about a week. But it also, if you can- One of the things I do, Jonathan, is I will do intermittent fasting every day, but typically I will fast for 3 days every month.

Dr. Henry Ealy: ([01:49:23](#))

So, just in case I didn't get enough fasting in, now I know I got enough in, giving myself 3 days of just chilling out, not a lot of work, let's let the body heal up, right? The body deserves that. So, the third scenario would be a person post-inoculation that unfortunately was injured. Usually to me that's a sign of severe nutrient deficiency, so the likelihood that they need immune priming goes up. But depending upon where someone's at, like I've had patients who were fading really fast, and I don't have time to immune prime them. We got to get fasting in first, and we've done that strategy where we've done fasting first. But fasting plus l-arginine, plus glutathione, and plus serrapeptase. And the reason we did fasting with a little bit of nutrient intervention is because we needed to break those proteins down.

Dr. Henry Ealy: ([01:50:20](#))

And of course, then you can also be thinking about-- Scroll down just a little bit, Post-inoculation Injury, yeah, right in there, where we would encourage folks to use some liquid iodine. For whatever reason, and I don't know why this has been successful, but a couple doctors I've collaborated with on this, it just seems to work, liquid iodine, right?

Jonathan Otto: ([01:50:50](#))

Yeah, there's some books on that, about how effective it is for so many different issues. It used to be just the golden standard, when people would go to their doctor, iodine would-

Dr. Henry Ealy: ([01:51:03](#))

Iodine and B12 shots, yeah.

Jonathan Otto: ([01:51:06](#))

They'd get them, yeah.

Dr. Henry Ealy: ([01:51:09](#))

So, in this case what we do for a post-inoculation injury is, what I advocate for is first 3 days, fasting - water fasting. If it's really severe symptomatology, include l-arginine, include liposomal glutathione, include serrapeptase, and include liquid iodine, right? Along with them,

Jonathan Otto: ([01:51:29](#))

Yep.

Dr. Henry Ealy: ([01:51:29](#))

because those are going to be non-caloric, they're not going to stop a person from fa-- They're not gonna take somebody out of a fasting state. And then for the next 11 days, what I would do is I would continue those nutrients, plus the immune priming nutrients while I'm preparing my body for another fast to come up after that 11 days are done, and I would just repeat that same 3 days fasting, 11 days nutrients. I'd keep repeating it until I got to the place that I wanted to be health-wise.

Jonathan Otto: ([01:52:02](#))

There you go, awesome. And so, let's look at- That's 5 to 12, and this is 13 and up. Okay, got it, so then can you just list this out for me in terms of what immune priming looks like and the dosages, so it's just coming out of your mouth?

Dr. Henry Ealy: ([01:52:19](#))

Sure, sure. For me, for immune priming, what I do is I take Vitamin D3 at 5,000 IUs a day. Again, that's at 4, 5 times a week, right?

Jonathan Otto: ([01:52:31](#))

Mm-hmm (affirmative).

Dr. Henry Ealy: ([01:52:32](#))

If I was on a specific protocol post-inoculation, I would do it for the full 11 days. And if I wasn't sure about my Vitamin D status, and I felt like my Vitamin D status might be a little bit low, I might start with the first 14 days of Vitamin D3 being a loading dose at 10,000 IUs, so that we build it up in the bloodstream before we back off to 5,000 IUs. Again, and these are all things to discuss with your healthcare provider. For me, I'm also taking Vitamin E at about 600 IUs, is what I take it at. Taking Vitamin C right now at about 5,000 milligrams, I take a little bit in water-soluble form and a little bit in liposomal form, which is fat-soluble. The reason I take things in liposomal form is because liposomal form gets into the lymph nodes fastest, where the immune cells are.

Dr. Henry Ealy: ([01:53:23](#))

So, if you want to take something in liposomal form, you know it's pretty much gonna be really helpful for your immune system if it's a nutrient. Then I'll take Vitamin A, and I take it in a beta carotene form so it can't be injurious to the liver. I'll take about 5,000 IUs, you can also get for example roughly about 100,000 IUs of beta carotene in a simple glass of carrot juice. So, there are definitely some places like Vitamin A where you can swap that out for organic plant-based nutrition. In zinc, in the picolinate form, I'll take about 40, 30 to 40 milligrams a couple times a week. Quercetin, I usually don't take too much

quercetin in nutraceutical form Jonathan. I usually get most of my quercetin from organic frozen blueberries and organic onions, which I eat almost every day.

Dr. Henry Ealy: ([01:54:15](#))

And that gets a lot of quercetin in the system, quercetin is very essential for helping zinc to get into the cells, that's why it's called a zinc ionophore. And when zinc gets into the cells, it aids the cells in producing additional antiviral enzymes to help prevent the infective spread. Then probiotics, what I've been taking is bifidobacterium. Typically I'll take that once or twice a week, I don't take that very frequently. But based upon the studies performed by, published by Dr. Sabine Hazen, who is one of the premier genomic experts in the entire country of the United States, that's when I will- What she found was that every single COVID case had one thing in common, no bifidobacterium in their microbiome. So, I think it's important to augment, especially if you have a long history of antibiotics using bifidobacterium.

Dr. Henry Ealy: ([01:55:18](#))

And then I always take a multivitamin to drive energy production. Multivitamins are great at getting people producing energy, and I don't have one patient that I've worked with in the last 20 years that hasn't been prescribed a multivitamin. So, we put those things together for the key nutrients for immune priming. What that does is it lowers susceptibility to infection greatly. And if you do happen to get infected, it accelerates the immunological response for recovery so that you are gonna recover much faster, and your immune system's gonna be ready to go to deal with the infection before the infection can really take hold in the body and start producing viral copies of itself like crazy. So, that formula for immune priming, Jonathan, will or should, based upon the mechanism of action and understanding the synergy created, should be very effective at preventing the infection. But also should be very effective if it is unable to prevent the infection, in preventing severe symptoms.

Jonathan Otto: ([01:56:28](#))

Awesome. If you could just share the dosage on this one, so you could read that out loud to-

Dr. Henry Ealy: ([01:56:33](#))

Sure. When we're dealing with a person who is confirmed infected or a person who is dealing with post-inoculation injury, either of those cases we're concerned about circulating spike protein and circulating virus with spike protein in the body. We know the spike protein to be injurious in and of itself. So, we have to deal with that. And the way you deal with that is make the blood vessels bigger, and that's with L-arginine at about 1,000 milligrams a couple of times a day is what I would take. And then you also, what I

would take would be liposomal glutathione, which is a antioxidant that's going to help prevent a lot of damage before it starts. It's gonna actually help the endothelial lining of the blood vessels be less inflamed.

Dr. Henry Ealy: ([01:57:22](#))

And now with the blood vessel being dilated and the blood vessel inner lining being protected, now you can get on with the business of breaking down the circulating virus, breaking down the circulating spike protein, and that's where serrapeptase comes on. And most serrapeptase will, as an enzyme, will work. But my favorite is Enzymatica from Dr. Michael Murray, not putting a shout out for that one but I just think it's the most effective that I've seen clinically.

Dr. Bryan Ardis

Dr. Bryan Ardis: ([12:40](#))

Anthony Fauci put out a memo on nih.gov in the middle of May 2020 that stated, "For all COVID-19 hospitalized American, there's only one drug and one drug only we're gonna use. It's an experimental antiviral drug called Remdesivir." And I didn't know anything about this drug and all I know is in the same memo, he was bashing a drug called hydroxychloroquine and chloroquine and telling all doctors in the United States, "These 2 drugs are not approved to treat COVID-19 patients." And there was a reference to these two drugs causing heart failure and death in COVID-19 patients.

Dr. Bryan Ardis: ([13:14](#))

But that's not what was intriguing to me. I wanted to know more about the Remdesivir drug that was not FDA-approved, obviously in this memo, ever, and I wanted to know more about it. And he actually quoted two studies that suggested its use during this pandemic and it was, he said, "It was proven safe and effective against the Ebola virus in a trial in Africa a year earlier." And then it was also found safe and effective in a small study two months earlier in March of 2020 that was actually funded and orchestrated by the maker of Remdesivir.

Dr. Bryan Ardis: ([13:47](#))

So I just looked at these two studies. I was at home, I was retired. I had sold my practices a couple years earlier. I just clicked the studies only to find out, Jonathan, I couldn't believe it, Remdesivir, in the very first study referenced in the Ebola trial in Africa, Remdesivir didn't even make it to the end of the one-year trial. The safety board halfway through the study found the drug to be the least effective and had the highest death rate of all four experimental drugs in that trial. And it was pulled from the study

and not given to any more Africans because it was found to be so ineffective and was the only drug that had a death rate higher than 50% in the entire study.

Dr. Bryan Ardis: ([14:28](#))

So I knew right away Anthony Fauci was lying simply about this statement that it was proven safe and effective against the Ebola virus. No, it wasn't. It was shown to be the least effective and the most dangerous per the independent safety board for the study.

Dr. Bryan Ardis: ([14:43](#))

How did I know Anthony Fauci was lying? If you look at the funding for that study, which is still published on the New England Journal of Medicine's website, the only person who funded that entire study for a year in Africa is Anthony Fauci. So he funded the whole study, oversaw the whole study. He would've been getting all of this data for the whole year prior to the pandemic. He would've known that Remdesivir was the least effective and most dangerous.

Dr. Bryan Ardis: ([15:06](#))

What's interesting is in that same study, 1 of the 4 drugs that were in the trial, 2 of which were allowed to go to the end of the trial and be given to Africans in the Ebola trial was Regeneron and another monoclonal antibody called mAb114. Regeneron had the lowest mortality rate at 33%, Remdesivir had a death rate of 53%.

Dr. Bryan Ardis: ([15:28](#))

In my opinion, why would Anthony Fauci, from his own funded study, why would he select the one drug that had the highest mortality rate and was proven to be the least effective against Ebola, but then state in May of 2020 to our federal government and to all of us as citizens and to every healthcare worker in the United States, this drug was proven safe and effective against Ebola when it was not?

Dr. Bryan Ardis: ([15:52](#))

So I knew this was the lie. Then I actually read the second study that was actually conducted. It's also in the New England Journal of Medicine. You can look it up. Gilead, the maker and patent owner of Remdesivir conducted a cohort study. They gave 53 COVID-19 patients who tested positive for COVID-19, they gave them Remdesivir for 10 days. And what they published as their results was 31% of all of the 53 people they gave the drug to experienced multiple organ failure and acute kidney failure as a result of the drug.

Dr. Bryan Ardis: ([16:24](#))

Now, I had a problem with this because what was being reported in March and April throughout all of the media here in America, and I know it was going worldwide, is that as press releases and press conferences were being held in New York, every doctor, every hospital administrator said the same thing. Every doctor and every hospital administrator said the same thing, they said, "We've never seen a respiratory virus ever do this before. When we start treating this virus, within 3 to 5 days, we start seeing severe acute kidney failure. The virus starts attacking the kidneys." And they were short on ventilators in New York and they were also claiming in every interview, not only are they short on ventilators, they don't have enough dialysis machines to handle the acute kidney failure.

Dr. Bryan Ardis: ([17:11](#))

Only to find out that the drug Anthony Fauci was mandating to be used as a trial in March and April of 2020 in New York was Remdesivir. Proven in 31% of all people in March that within just 10 days, they all experienced multiple organ failure and kidney failure, and this is exactly what the doctors were reporting. And this is when I put this information together and this is when I went into the media, trying to warn as many people as possible that early treatment that has been established by the likes of Dr. Peter McCullough, Zev Zelenko and others, that there's early treatment options that are much more safe than the hospital protocols being mandated in every hospital across the United States as of May of 2020. And I've been trying to alert the public ever since.

Dr. Bryan Ardis: ([17:59](#))

One of the things that was also disturbing was that Anthony Fauci had asked our federal government in the same month to buy up all of the reserves of this experimental drug and not to export it to any other countries until the end of 2020, it actually was the end of October of 2020. By then, America by far had the most deaths in the world from COVID, and I knew Anthony Fauci was just using Remdesivir, the drug in hospitals as the death protocol to be able to use the numbers of people dying from Remdesivir poisoning. I knew he was going to project that in the media, tell everybody in the world and the media that they're dying from the virus, when in fact Remdesivir is way more dangerous, way more toxic than the actual virus, period.

Jonathan Otto : ([18:46](#))

I think that if anyone's ever been red-pilled, that's certainly a red pill conversation.

Dr. Bryan Ardis: ([18:59](#))

Sure.

Jonathan Otto : ([18:59](#))

To not only understand that they made the wrong choices, perhaps they made the wrong choices, basically they just didn't make the right choices. They didn't work it out. They didn't crack the code. But like you're citing, the fact that this study that was done, Dr. Fauci was the one that was overseeing it. So for him not to have that data is ludicrous. He was the one associated with most mortality and kidney failure and all of these types of things, and yet it's the one that's being then forced down people's throats.

Dr. Jonathan Murphy

[01:05:17] **Jonathan Otto:** And what would you do, Dr. Murphy, if you were trying to get somebody to recover from an injury from this vaccine, knowing what you know?

[01:05:26][8.8]

[01:05:28] **Dr. Jonathan Murphy:** Well, I would measure, you know, they're dropping a and complex to see just how much clumping and breaking down of is going on in their blood vessels. We measure the breakdown products of the fibrinogen and fibrinogen that are typically the proteins that they cause to measure their D-dimer or slivering of context and measure their inflammation, how much inflammation is going on. If I have a working that I can measure something, let's just measure a troponin on average troponin sea level. And why do those as well to measure how much heart muscle and other muscle damage if we subspecies the trivalent or other things in order to find out because these? These labs will tell us how much information and how much further damage is going on, how much time is going on. So I didn't know what I need to do. We need to anticoagulant them more or at least get them to quit, you know, aggregating their blood forming units like red blood cells and platelets, using an antiplatelet agent or to the agents. So it's really good and it's very individualized thing. But after that, I would also help their bodies to detoxify the spike protein. Turns out, quercetin dihydrate is one of those things that is very effective, you know, like velcro sticking to the the S1 subunit of the spike protein. Therefore, we're able to more rapidly eradicate the vaccine injuries just like print. So we would also have them at the flagship hospital to try to get as much as possible the spike protein delivered to the liver into the kidneys where it could be screened for, you know, we would help them to repair like. Specific nutrients that repair the inner lining of these lettuce talking about because it does take some time, I'm going to say, you know, you can't just wiggle your eyes like the lady. If you wish to get a miracle out of these things that you can do, the right decreased body has themselves and know what to do. Oftentimes, with using an inflammatory agents, which may be drugs or nutrients because it is inflammation, small organ damage in the blood supply. We would also get them signed up for oxygen therapy during the time with oxygen to increase the oxygenation issues, which may be lacking some of that oxygen because of the turbulent flow through their blood donation. Earlier, as a result of incident, the York

measure came from the end of it. But when we use nutrients and foods that help the body to repair the endothelium like OK, so that once again can have laminar flow of nutrient rich, oxygen rich blood to the cells and shearing off the toxins of the cells are producing three days to get rid of these things and making sure that the blood vessels of the lungs are not clogged with light. Now, you know, people know. Pulmonary embolism is, but not very many people know that we can also get a similar phenomenon occurring at the smaller, temporary or arterial region in the lungs, and therefore people might have normal oxygen when they're sitting. So, but as soon as they begin to use their muscles, that demand increased blood flow to the lungs into the heart device. The restriction of what's going on in the pulmonary materials and capillaries is restricted by this lack of limited flow and the quality that's going on in them. So we would have to help them because they have a large pulmonary embolism, but because they have many thousands of micro clotting and diminished flow in these Catalan regions. And therefore, when they insert their drugs, we need help them hyperbaric, increasing the things that help to increase the dropping off of oxygen. Anything that increases the labor movement 53 Association curve it allows hemoglobin to drop oxygen off in the tissue. We want to. To maximize that benefit to them. [01:10:11][282.4]

[01:10:12] **Jonathan Otto:** Awesome. And so what would be those simple things that people would do if they were doing it from home or working that out? And what would be the bullet points of some of the things that they could do? [01:10:23][11.4]

[01:10:26] **Dr. Jonathan Murphy:** I think I'll find a doctor. Yeah, I think I would nourish. Poultry plant based nutrients is as much as possible. I mean, I think people might want to consider working with their physician, consider antiplatelet agent or anticoagulant nutrients or drugs if they do have damage from either the Irish or the spike protein. Vaccine. I think they want to capture as much as possible any leftover protein with the use of quercetin dihydrate and other similar agents and. Gosh, gosh, there's so many other things anti-inflammatory nutrients, I think a G. E! You know, and. See, I think also, as you'll see in other detoxed of detoxifying nutrients would be useful and. Gosh, how many things kind, antiplatelet agents, if they're very severe equivalents and short term use, these are drugs not long term, long enough to get them through this low oxygen situation based on the lungs blood vessels. There's so many things, John, and I think and nourishing and cleansing the body, detoxifying and looking at inflammation and fighting inflammation, measuring how much you have treating it, and oxygenation to hydrogen and oxygen chambers through major auto therapies through any way you can get oxygen more into the blood. Anything that shifts two to three DTG Oxygen Association curve is going to be very useful for these people because many of them, you know, they get for walking with patients and their oxygen begins to drop and they begin to see what happens. You know, the first thing I would say is fun, as science is to invest in RNA vaccine that doesn't involve highly inflammatory spike proteins. I think

that's a dream world. But you know, where did we get this vaccine from you who forgot to put their thinking cap on that thing? They said, Oh, let's just use this like protein, this audience. Oh gosh, I'm to start started. Get really upset. [01:13:04][158.8]

[01:13:05] **Jonathan Otto:** But what if? [01:13:06][1.2]

[01:13:06] **Dr. Jonathan Murphy:** What if that was the. I'm telling you, if we have a live attenuated corona virus, we would do far better at getting rid of this pandemic than we have with this spike protein, me hoarding vaccine. But I think that's, you know, the chance or any other thing that, you know really, the barn door has been opened and horses are already going out. Yes. I just don't know what to say other than I really want to know who was the scientist who said, let's use the spike protein of the vaccine. I don't think they got so yeah. [01:13:45][39.1]

[01:13:46] **Jonathan Otto:** Well, I think they might have thought. I think they might have thought that there's too many people in the world. [01:13:51][5.4]

[01:13:52] **Dr. Jonathan Murphy:** I think you're right, and that makes most sense because these people are not dummies. What you just said, Jonathan, is exactly right that it is the is. It is the behind the scenes plan. You know, I don't think you will see many events, but I think you'll see anybody admit that you did that if you were the culprit behind it. And I don't think you would want to be known for your, you know, population agenda. Let me see who is. Somebody who's a founder of Planned Parenthood or. Especially terrorism, and I don't know. But honestly, I think you're right, they're not dumb people, they probably haven't done this with a hidden agenda of the population. I don't think I can prove that it's going to be hard for anybody. I wish that the attorneys in the world and the peace officers in the world would go after those who have done this creation because I do think that they might find some threats that would lead them to the underlying abilities so that in terms of spike protein as a vaccine. [01:14:56][63.8]

[01:14:57] **Jonathan Otto:** Yeah, it's it's just a sad, sad reality. And you just you get in a plane, you look out the window, you see so much uninhabited world ready for people and families to populate it and enjoy. And so into the land and blessed and be blessed by you see all of this. But yet, yeah, and then you not you see an agenda which is all about harming. And then you start to think that this doesn't even have anything to do with the world being overpopulated. This is about believing a lie that is built to harm others, and there's an agenda to harm for harm sake. Do do evil for evil sake. And because you do good for goodness sake, you do it because it is good. And what about evil? Is there ever any reason to do evil? There's never any good reason to do evil, so you can only do evil for evil sake. [01:15:52][54.4]

[01:15:53] Dr. Jonathan Murphy: For now, here's what you can do. You could say if you lie repeated ones that are limited to 20 pounds begin to tell the truth because people believe it. And if enough people are told the same thing safe and effective, safe and effective, and then eventually those people will become believers in then and now they'll believe that they are serving greater. By doing this, he and and then this this whole idea of this formation of everybody's concept, I'm doing it for the greater good, I'm doing it for the greater good, becomes a psychologist of great proportions. And then you would even go so far as to allow those a few Russian roulette with the vaccine. With your child who has no benefits from the vaccine, it's not going to save the lives of the children because they are dying from the virus. But it is going to begin to mean and kill our young athletes and our young children. And it's not it's not a great ideas, very bad idea to inject anti-inflammatory protein into children. I want to know if you are willing to inject this highly inflammatory and related spike protein into your child. Do you know what will happen five, 10, 15 years later to their kids, to their blood pressure, to their blood vessels? The blood vessels and spider bring to disposition of others vulnerable to the blood vessels and somehow reverse all these things. A parent should be well advised and learn about before an experimental spike protein is injected into their child because the children have no benefit from this crucial period of time. Children are not dying from this virus. The only reason you would want to immunize children is under the false belief that the children are the spreaders, or because you want to remain in deep pocketed from the children, or that, you know, maybe that there are fertility issues that will come about from this week. We haven't had long term studies.

Dr. Jane Orient

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

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

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

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

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

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

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

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

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

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

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

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

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

Yes.

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

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

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

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

Jonathan Otto: ([34:45](#))

Okay, fantastic.

Dr. Jane Orient: ([34:47](#))

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

Jonathan Otto: [\(35:07\)](#)

All right. Fantastic. Thank you. And so now are you able to take me through the rest of this graph? Where to- So basically, I mean, he's got the povidone-iodine here, which is quite new. Do you see it?

Dr. Jane Orient: [\(35:24\)](#)

Well, of course it's not exactly new, but it's been promoted recently and he does give a formula making it. You can take the 10% povidone-iodine that you get from the drug store, which is used as a disinfectant. And then you dilute it with the distilled water with a pinch of salt in it, and then you can swoosh it around in your mouth, gargle with it, spit it out. Take a little Q-tip and dab some in your nose and do it twice a day, maybe for prophylaxis,

Dr. Jane Orient: [\(36:03\)](#)

Maybe do it 4 times a day or more often if you're feeling sick. But there are studies, not huge studies, but there are studies that show maybe an 80% reduction in the number of hospitalizations and deaths just by killing off the virus when it's in your nose.

Jonathan Otto: [\(36:24\)](#)

Where was that study from?

Dr. Jane Orient: [\(36:29\)](#)

I don't recall offhand. I don't think it was-

Jonathan Otto: [\(36:31\)](#)

Yeah, I think it might have been India. I think there was one that Dr. McCullough was just citing recently, but that's fine. We'll pulled that up. Thank you for the reference to that though. That's helpful. And, the prospect of something having an 80% reduction in hospitalization rates when it's so readily available and harmless, iodine is harmless. I mean, if somebody has thyroid issue, that's the only potential concern of someone using iodine. But outside of that, there's no real issue there for people. Right?

Dr. Jane Orient: [\(37:08\)](#)

Right. But Dr. McCullough points out that if you are allergic to iodine, you have a problem with that. You could use diluted hydrogen peroxide as well.

Jonathan Otto: [\(37:17\)](#)

Yeah. What do you think of this compared to nebulizing budesonide?

Dr. Jane Orient: [\(37:26\)](#)

Well, nebulizing budesonide is for symptoms if you are infected. And a lot of people find that it is very helpful in relieving the cough or the shortness of breath, and it has less systemic effect than taking prednisone or prednisolone or something else by mouth or intravenously. But budesonide, many asthmatics use that, has been a real lifesaver. Some physicians have found that it also dramatically cuts the risk of hospitalization if used, when the patient is symptomatic, especially if they have respiratory symptoms like a cough or shortness of breath.

Jonathan Otto: [\(38:08\)](#)

Yeah. Thank you. And then, anything else you could alert us to, on this?

Dr. Jane Orient: [\(38:16\)](#)

Well, the monoclonal antibodies are listed there. Those are becoming more difficult to get. At first, they were very common if you knew about them and they were only using about 20% of the supply, but now the government is rationing them. And they're saying that the original type does not work well against the Omicron variance. So there's another type that you have to get for that. So certainly for my patients, I try to let them know where these might be available. And early in the illness, certainly worthwhile trying to get them.