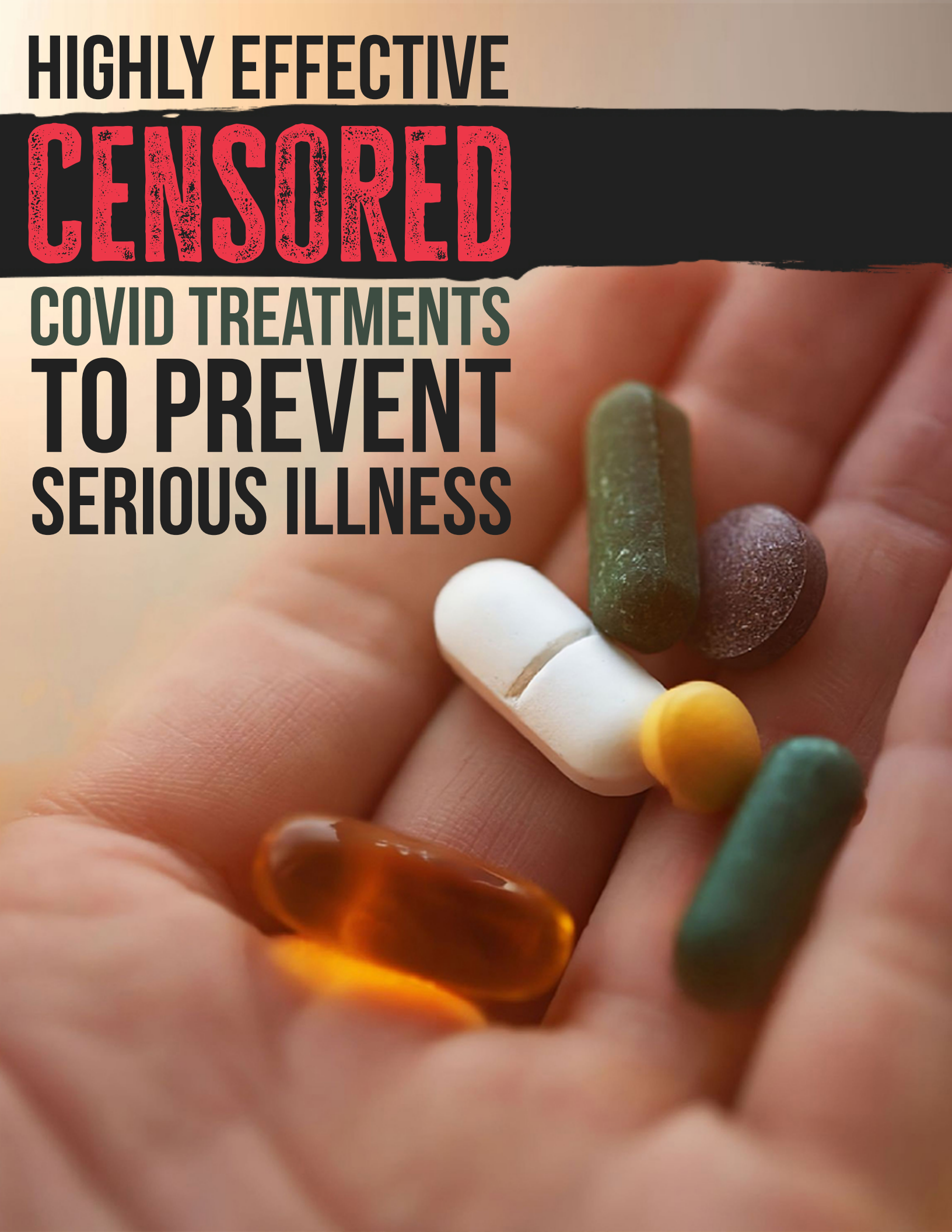
HIGHLY EFFECTIVE

CENSORED

COVID TREATMENTS TO PREVENT SERIOUS ILLNESS



Highly Effective Censored COVID Treatments to Prevent Serious Illness

Introduction

At the start of the so-called “pandemic”, doctors were completely taken back when they were faced with treating a “virus” that was claimed to be something that could not be treated with existing medicines.

We now know this was actually part of the global government’s plan to inflate the COVID deaths and push people toward the only solution they advocated for, the COVID shot. This not vaccine is not only ineffective, but also deadly.

And to continue the narritive, the global government and health authorities have spread misinformation about the early treatments that have been proven to dramatically reduce death rates from COVID.

Just last year, Anthony Fauci made several public claims, demonizing the treatments that doctors were using to prevent serious COVID illness in thier patients.

He publically stated that budesonide, a highly effective COVID treatment is only a placebo yet scientific studies have proven its efficacy. He also slamed the use of Ivermectin when he appeared on CNN’s *State of the Union* by referring to it as “an anti-parasitic horse drug” and saying:

“Don’t do it. There is no evidence whatsoever that that works. And it could potentially have toxicity, as you just mentioned, with people who have gone to poison control centers because they’ve taken the drug at a ridiculous dose and wind up getting sick. There is no clinical evidence that indicates that this works.” [R]

But this is another lie they’ve spun to keep people from getting early treatment, so that they can end up being murdered by thier deadly COVID hospital protocols or run to get the clot shot.

We interviewed a medical professional, Dr. Ben Marble, nobel Peace Prize nominee and family medicine specialist. And the founder of *myfreedoctor.com*, an online medical consultation service that treated over 150,000 COVID-19 patients – with a 99.99% survival rate.

He stated the following about the safety of Ivermectin:

“So I tell people, you know, if you wanna be alive in 2025, simple idea, don't take poison. If you already took some don't take anymore because it is dose dependent. People who take 4 doses are way more likely to die than people who took 1 dose. So, don't take anymore of the poison and do take early treatment. We know multiple drug, early treatment works. You know, we've delivered over 200,000 Free Doctor visits to America, delivering the multi-drug early treatment for COVID. We call it the McCullough protocol. We do some deviations from that periodically, but that's primarily what we prescribe. And we've only lost 6 patients. We have a 99.99% survival rate with multiple drug related treatment.

So I say, we've settled the science. We've proven clearly, early treatment works. It's effective. We use drugs that are actually safe and effective that have been around for decades that have great safety profiles. Ivermectin and hydroxychloroquine are safer than Tylenol. The media tries to claim, "Ooh, they have all these bad reactions and people are overdosing..." and all that. They're just lying. These are just flagrant lies. Nobody dies from ivermectin or from hydroxychloroquine. You know, it's just a bunch of nonsense.” - Dr. Ben Marble

The real science does prove that these treatments, along with supplement protocols, are highly effective and dramatically reduces COVID death rate.

Dr. Richard Bartlett on Budesonide and censorship of early effective COVID treatments

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

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

And so we had something safe, inexpensive, readily available that was effective. And when I started doing interviews, I was suppressed and censored by Instagram Live. My live audio was cut while I was being interviewed by RFK Jr. on his Instagram Live. The YouTube censored and suppressed the message. Facebook, every major institution that is for

multimedia at the time, was suppressing or putting out misinformation. We had Khou of Houston doing a fact check, putting a big X up there saying it was not accurate information. We had the main newspapers, and all the press was putting out information saying this was not factual.

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

They said it would be unethical to continue the study and give people who have COVID placebos when there's something that could save their life, budesonide that was uncovered during the study. And Oxford University concluded that 90% of hospitalizations and ER visits, and even urgent care visits, could be prevented with just one medicine used early—budesonide, an inhaled steroid— for COVID. And so that was overwhelming evidence, but I've never heard Anthony Fauci print a retraction, correct his misinformation. And when you talk about misinformation that is dangerous, when he said that it was just a placebo, and it's out there on the Internet, anyone can find that, that is misinformation from someone who's supposed to be leading our fight against this deadly pandemic. I think that's inexcusable. At least he should be fired. At least he should be corrected.

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

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

And so with COVID, we all know, every elementary school kid knows, that this is a problem with breathing. And so we need to stabilize breathing. Hey, I'm an expert in that. I teach emergency room doctors how to stabilize breathing. And so we have a tool, there are many tools out there that have been proven to be effective, but one of them is inhaled budesonide, which stabilizes the breathing. There's a study at the NIH database, that's the government database, that shows that using nebulized budesonide for patients on the ventilator in the ICU with Acute Respiratory Distress Syndrome, benefit greatly, that it's an overwhelming success. And they document it in their study that it does 4 benefits. One, it improves the blood oxygen. That's why people are in the hospital. If they didn't need the oxygen, they wouldn't be in the hospital with COVID.

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

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

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

And so that's a critical part of treating someone who has been injured with a rattlesnake bite. So it's not a new idea to use monoclonal antibodies. Monoclonal antibodies to COVID have been overwhelmingly effective. In fact, the statistics are now that 81% of death and hospitalization could be prevented with that 30-minute investment in time that it takes to get an infusion of monoclonal antibodies by the brand Regeneron. And so, I was involved in setting up and actually taking care of patients in a Regeneron monoclonal antibody infusion

center in West Texas. And at the very beginning, 11-hour days, 6 days a week, in the full universal precautions, I was totally immersed in only highly contagious COVID patients on purpose, no matter what the variant is, and we were going through the Delta variant wave. And so that would be ridiculous, that would be crazy to do that, unless you knew you had a solution that was worth the risk of putting yourself in harm's way. But, I also had recovered from COVID.

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

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

This eBook has been designed to give you access to some of the most effective treatments for COVID. These are certainly not all the solutions that exist but just some that have proven to be absolutely lifesaving.

You may also find that some treatments work better for you than others. Everyone is different and may respond differently. But what it comes down to is preventing serious illness from COVID depends on decreasing its mechanism of disease like lowering inflammation levels, preventing blood clotting and boosting immunity. We'll start off with Dr. McCullough's povidine iodine treatment.

Dr. Peter McCullough: Povidone Iodine, Oral and Nasal Hygiene (September 2022)

For purposes of this stack, we acknowledge that many can be effective including

- povidone-iodine,

- hydrogen peroxide,
- colloidal silver,
- xylitol,

And for the throat many mouthwashes including
- Scope and
- Listerine.

The principles are:

1) Nasal solutions should be comfortable and not sting with sufficient dilution,

2) Sniffed far back into the sinuses and then spit out through the mouth (often causes coughing or mild choking), done at least twice per nostril per session,

3) Oral gargles should be for 30 seconds and then spit out. For detailed descriptions of products and solutions please visit one of several websites to get this practical information. (R)

Oropharyngeal viricidal therapy has been demonstrated in supportive studies and randomized trials to:

1) Prevent infection after suspected exposure (twice daily),

2) Reduce the period of infectivity when ill, and

3) Attenuate the progression of disease and reduce the need for oxygenation and hospitalization (six times daily).

Povidone Iodine

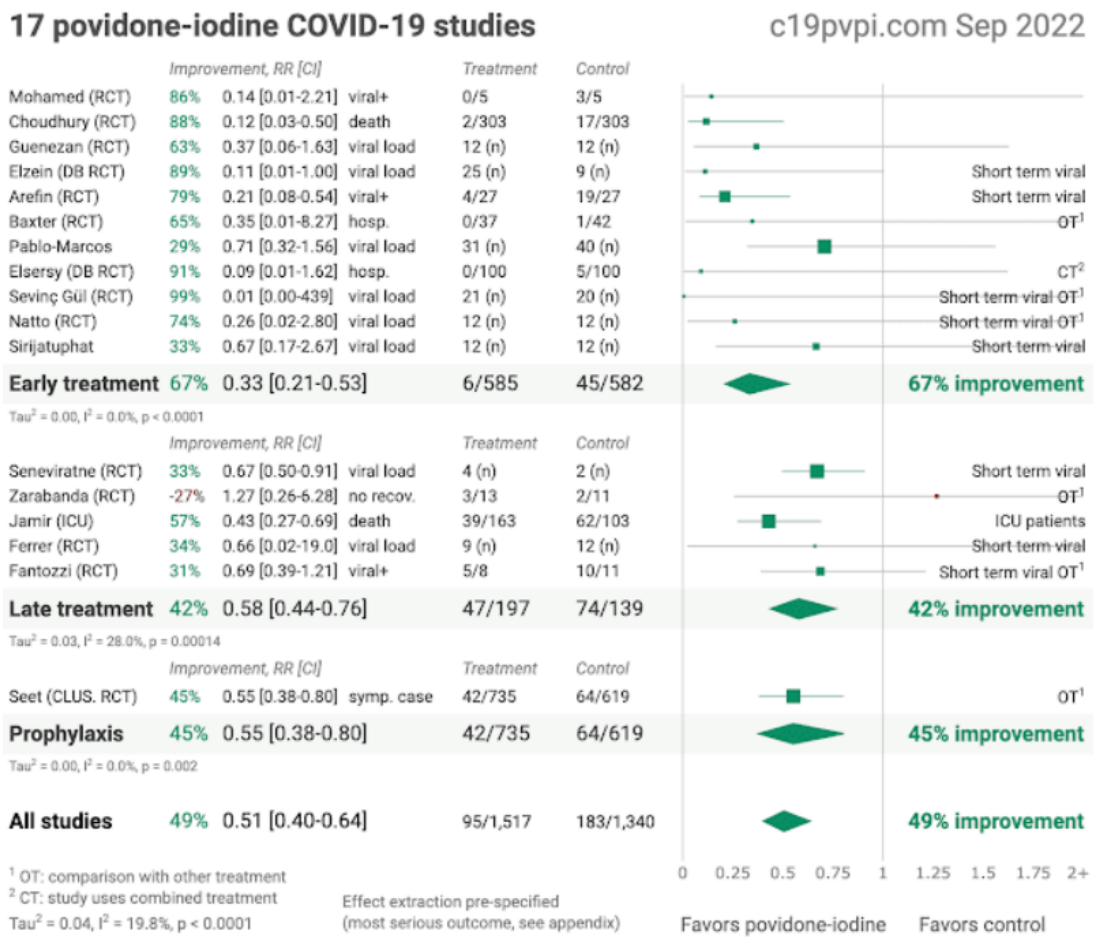
10% Povidone Iodine is available OTC (Over the Counter) without a prescription at any drug store for a few dollars.

Note: This 10% Povidone Iodine must be diluted by one-tenth, to 1% strength before use as a mouthwash, otherwise it is too strong and irritating. Dilute by adding 2 tablespoons (30 ml) of the 10% Povidone Iodine into a full glass of water (250-300 ml). This will make the product diluted enough to use as a mouth rinse, or gargle, (approximately 1.0 %).

2 tablespoons = 30ml povidone iodine
1 glass water = 300 ml

Dr. McCullough recommends routine use of this mouthwash on a daily basis, especially after contact with large indoor groups.

Source: https://covid19.onedaymd.com/2021/12/dr-peter-mccullough-povidone-iodine.html



Studies published: https://c19early.org/p

FLCCC I-MASK+ Protocol for COVID-19 (September 2022)

The protocol is divided into two parts: Chronic prevention and Post-exposure prevention.

According to the protocols, chronic prevention is especially recommended for healthcare workers, those over 60 years old with co-morbidities, people who are morbidly obese, and residents of long-term care facilities.

Post-exposure prevention is for if a household member is COVID-positive or if you have had prolonged exposure to COVID but have not developed symptoms.

Chronic Prevention (Not all are needed)

Ivermectin

0.2 mg/kg – start treatment with one dose, take a second dose 48 hours later, then 1 dose every 7 days (weekly). Those at high risk of contracting COVID-19 can consider dosing twice a week.

Notes: Due to a possible interaction between quercetin and ivermectin, these drugs should be staggered throughout the day. For COVID treatment, ivermectin is best taken with a meal or just following a meal, for greater absorption.

Table 1. How to calculate ivermectin dose for chronic prevention

Note that ivermectin is available in different strengths (e.g., 3, 6, or 12 mg) and forms (e.g., tablets, drops). Tablets can be halved for more accurate dosing. Doses below are calculated for the upper end of the weight ranges listed.

How much do I weigh?		Chronic prevention	Post-exposure prevention
70–90 lb	32–40 kg	8 mg	16 mg
91–110 lb	41–50 kg	10 mg	20 mg
111–130 lb	51–59 kg	12 mg	24 mg
131–150 lb	60–68 kg	13.5 mg	27 mg
151–170 lb	69–77 kg	15 mg	30 mg
171–190 lb	78–86 kg	16 mg	32 mg
191–210 lb	87–95 kg	18 mg	36 mg
211–230 lb	96–104 kg	20 mg	40 mg
231–250 lb	105–113 kg	22 mg	44 mg
251–270 lb	114–122 kg	24 mg	48 mg
271–290 lb	123–131 kg	26 mg	52 mg
291–310 lb	132–140 kg	28 mg	56 mg

Table 1. How to calculate ivermectin dose for chronic prevention

Zinc

30-40 mg daily.

Additional Note: Dr. Bryan Ardis recommends supplementing 1 mg of copper for every 20 mg of Zinc because Vitamin C and Zinc combined deplete copper levels.

Melatonin

Begin with 1 mg and increase as tolerated to 6 mg before bedtime (causes drowsiness).

Note: Slow- or extended-release formulations are preferred.

Mouthwash

Gargle three times a day (do not swallow) with an antiseptic-antimicrobial mouthwash containing chlorhexidine, and cetylpyridinium chloride.

Steam inhalation

Do this once a day. Inhaled steam supplemented with antimicrobial essential oils (e.g., Vicks VapoRub™ inhalations) has been demonstrated to have virucidal activity. Antimicrobial essential oils include lavender, thyme, peppermint, cinnamon, eucalyptus, and sage.

Vitamin D

Vitamin D supplementation is likely a highly effective and cheap intervention to lessen the impact of this disease, particularly in vulnerable populations, (i.e., the elderly, obese, people of color, and those living in northern latitudes). The greatest COVID protection benefit from Vitamin D supplementation will occur in individuals deficient in Vitamin D.

Those individuals should take Vitamin D prophylactically on a longer-term basis. When a person with Vitamin D deficiency develops COVID-19, risks increase for developing complications, and Vitamin D supplementation subsequent to infection will have less of a response.

Dosing recommendations for Vitamin D supplementation vary widely. The optimal target is over 50 ng/ml; at this level, the risk of dying from COVID-19 is extremely reduced.

It may take many months or years to achieve optimal levels in patients who are extremely Vitamin D deficient. It is therefore important that the optimal regimen for Vitamin D supplementation for the prophylaxis of COVID-19 is provided promptly, based on baseline Vitamin D levels (see Table 2). If baseline levels are unknown, the needed dose can be calculated from body weight or BMI (see Table 3).

Table 2. How to replenish Vitamin D levels based on baseline levels

Baseline vitamin D (ng/mL)**	Vitamin D dose, 50,000 IU capsules: Initial and weekly $		Duration (weeks)	Total amount for deficit correction (IU, in millions)
	Initial Dose (IU)	Weekly dose (50,000 IU caps)		
< 10	300,000	x 3	8 – 10	1.5 – 1.8
11–15	200,000	x 2	8 – 10	1.0 – 1.2
16–20	200,000	x 2	6 – 8	0.8 – 1.0
21–30	100,000	x 2	4 – 6	0.5 – 0.7
31–40	100,000	x 2	2 – 4	0.3 – 0.5
41–50	100,000	x 1	2 – 4	0.2 – 0.3

Table 2. How to replenish Vitamin D levels based on baseline levels

Table 3. How to calculate Vitamin D dose when baseline not available

Body-weight Category		Dose (IU) kg/day	Dose (IU) (Daily or Weekly)*	
BMI (wt. kg/Ht. M^2)	Average (Kg)		Daily dose (IU)	Once a week (IU)
BMI ≤19 (under-weight)	55 (under-weight)	40 to 70	2,000 – 4,000	15,000 - 25,000
BMI 20-29 (non-obese)	70 (non-obese)	70 to 100	5,000 – 7,000	35,000 - 50,000
BMI 30-39 (obese persons)#	100 (obese persons)#	100 to 150	9,000 – 12,000	60,000 - 90,000
BMI ≥40 (morbidly obese)$	140 (morbidly obese)$	150 to 200	15,000 – 25,000	100,000 -175,000

Table 3. How to calculate Vitamin D dose when baseline not available

Source: https://www.onedaymd.com/2021/04/ivermectin-flccc-protocol-for-covid-19.html

Curcumin (turmeric)

500 mg twice a day. Curcumin has low solubility in water and is poorly absorbed by the body.

Nigella sativa (black cumin)

80 mg/kg daily and Honey 1 g/kg daily. Note: thymoquinone (the active ingredient of Nigella sativa) decreases the absorption of cyclosporine and phenytoin. Patients taking these drugs should therefore avoid taking Nigella sativa.

Vitamin C

500-1000 mg twice a day.

Quercetin (or a mixed flavonoid supplement)

250-500 mg daily. Due to a possible interaction between quercetin and ivermectin, these drugs should not be taken simultaneously (i.e., should be staggered at different times of day). As supplemental quercetin has poor solubility and low oral absorption.

Probiotics

Low levels of Bifidobacterium may predispose a person to COVID-19 and increase disease severity. Likewise, COVID-19 depletes the microbiome of Bifidobacterium, which may then increase the severity and duration of symptoms.

Post-Exposure Prevention Protocol

Note: If symptoms develop, treat promptly with I-CARE protocol. If symptoms do not develop, resume chronic prevention after one week.

Ivermectin

0.4 mg/kg immediately, then repeat the second dose in 48 hours. See Table 1 for help calculating the dose.

Table 1. How to calculate ivermectin dose for chronic prevention

Note that ivermectin is available in different strengths (e.g., 3, 6, or 12 mg) and forms (e.g., tablets, drops). Tablets can be halved for more accurate dosing. Doses below are calculated for the upper end of the weight ranges listed.

How much do I weigh?		Chronic prevention	Post-exposure prevention
70–90 lb	32–40 kg	8 mg	16 mg
91–110 lb	41–50 kg	10 mg	20 mg
111–130 lb	51–59 kg	12 mg	24 mg
131–150 lb	60–68 kg	13.5 mg	27 mg
151–170 lb	69–77 kg	15 mg	30 mg
171–190 lb	78–86 kg	16 mg	32 mg
191–210 lb	87–95 kg	18 mg	36 mg
211–230 lb	96–104 kg	20 mg	40 mg
231–250 lb	105–113 kg	22 mg	44 mg
251–270 lb	114–122 kg	24 mg	48 mg
271–290 lb	123–131 kg	26 mg	52 mg
291–310 lb	132–140 kg	28 mg	56 mg

Table 1. How to calculate ivermectin dose for chronic prevention

Hydroxychloroquine (HCQ)

200 mg twice a day for 5 days.

Zinc

75-100 mg daily.

Melatonin

6 mg daily, at bedtime.

Mouthwash

Three times a day.

Nasal spray with 1% povidone-iodine

Two to three times a day. Sprays such as Immune Mist™, CoFixRx™, or IoNovo™ administered 2-3 times per day are recommended in post-exposure prophylaxis and in the early phase of COVID-19 infection.

Note: Due to low-level systemic absorption, the povidone-iodine nasal spray should not be used for longer than 5-7 days in pregnant women. IoNovo™ contains iodine in an amount equivalent to the daily dietary requirement and hence is safe to ingest.

Curcumin (turmeric)

500 mg twice a day for 1 week.

Nigella sativa

80 mg/kg daily for 1 week.

Vitamin C

1000 mg twice daily for 1 week.

Note: Dr. Bryan Ardis recommends taking up to 5,000 mg daily

Quercetin

500 mg twice daily for 1 week.

Probiotics

Low levels of Bifidobacterium may predispose a person to COVID-19 and increase disease severity. Likewise, COVID-19 depletes the microbiome of Bifidobacterium, which may then increase the severity and duration of symptoms.

B complex vitamins

Early Treatment

Note: The I-Care protocol has been updated several times and below is their latest version (version 3: September 6, 2022).

First Line Treatment (In order of priority; not all required)

Ivermectin

0.4 to 0.6 mg/kg – one dose daily for at least 5 days or until symptoms resolve.
If symptoms persist longer than 5 days, consult a healthcare provider. See Table 1 for help with calculating the correct dose.

Note: Due to a possible interaction between quercetin and ivermectin, these drugs should be staggered throughout the day. For COVID treatment, ivermectin is best taken with a meal or just following a meal, for greater absorption.

Table 1. How to calculate ivermectin dose

Note that Ivermectin is available in different strengths (e.g., 3, 6, or 12 mg) and forms (e.g., tablets, drops). Tablets can be halved for more accurate dosing. Doses below are calculated for the upper end of the weight ranges listed.

How much do I weigh?		The protocol says 0.4 mg/kg; how much should I take?	The protocol says 0.6 mg/kg; how much should I take?
70–90 lb	32–40 kg	16mg	24 mg
91–110 lb	41–50 kg	20 mg	30 mg
111–130 lb	51–59 kg	24 mg	36 mg
131–150 lb	60–68 kg	27 mg	40.5 mg
151–170 lb	69–77 kg	30 mg	45 mg
171–190 lb	78–86 kg	32 mg	48 mg
191–210 lb	87–95 kg	36 mg	54 mg
211–230 lb	96–104 kg	40 mg	60 mg
231–250 lb	105–113 kg	44 mg	66 mg
251–270 lb	114–122 kg	48 mg	72 mg
271–290 lb	123–131 kg	52 mg	78 mg
291–310 lb	132–140 kg	56 mg	84 mg

Hydroxychloroquine (HCQ)

200 mg twice a day for 5 to 10 days. Best taken with zinc.

Note: HCQ may be taken in place of, or together with, ivermectin. While ivermectin should be avoided in pregnancy, the FDA considers HCQ safe in pregnancy. Given the pathway used by the Omicron variant to gain cell entry, HCQ may be the preferred drug for this variant.

Zinc

75-100 mg daily.

Note: Take with HCQ. Zinc supplements come in various forms (e.g., zinc sulfate, zinc citrate and zinc gluconate).

Mouthwash

Gargle three times a day (do not swallow) with an antiseptic-antimicrobial mouthwash containing chlorhexidine, cetylpyridinium chloride (e.g., Scope™, Act™, Crest™), or povidone-iodine (e.g. Betadine® Antiseptic Sore Throat Gargle™).

Nasal spray with 1% povidone-iodine: 2-3 times a day. Do not use for more than 5 days in pregnancy. If 1% product is not available, dilute the more widely available 10% solution (see box) and apply 4-5 drops to each nostril every 4 hours.

Aspirin

325 mg daily (unless contraindicated).

Melatonin

5-10 mg before bedtime (causes drowsiness). Slow- or extended-release formulations are preferred.

Nigella sativa

If using seeds, take 80 mg/kg once a day (or 400 to 500 mg of encapsulated oil twice a day).

Honey

1 g/kg one to two times a day

Kefir and/or Bifidobacterium Probiotics.

Vitamin C

500-1000 mg twice a day.

Taken from: https://www.onedaymd.com/2021/04/ivermectin-flccc-protocol-for-covid-19.html

Second Line Treatments (In order of priority/importance)

Note: Add to first-line therapies above if
1) more than 5 days of symptoms;
2) poor response to first-line agents;
3) significant comorbidities.

Nitazoxanide (NTZ)

600 mg twice a day for 5 days.

Curcumin (turmeric)

500 mg twice a day.

Quercetin (or a mixed flavonoid supplement)

250 mg twice a day.

Vitamin D3

10,000 IU daily (two 5,000 IU capsules) for two weeks.

B complex vitamins.

Fluvoxamine

25-50 mg twice a day. Can substitute fluoxetine (Prozac; 20-40mg daily) if fluvoxamine not available.

N-acetyl cysteine (NAC)

600-1200 mg orally twice a day.

Omega-3 fatty acids

4 g daily. Vascepa (Ethyl eicosapentaenoic acid); Lovaza (EPA/DHA); or alternative DHA/EPA. Vascepa and Lovaza tablets must be swallowed and cannot be crushed, dissolved, or chewed.

Protocols by Budesonide Works

COVID 911 Emergency Tools

Get a nebulizer

Get one on Amazon or Just Nebulizers or Vitality Medical or any other medical supply store. Or ask your provider can prescribe for you to pick up at your pharmacy.

They recommend the desktop kind that plugs in, but the portable ones work as well, especially for travel. Their preferred brand is Pari. Make sure it has both the mouthpiece and the mask.
Use the nebulizer with inhaled budesonide (see below) or other breathing treatments. You can share a nebulizer in a household. Just make sure to order the extra tubing and another set of masks + mouthpieces for each person. Most nebulizers come with one set for adult & one child.

Find a provider

They recommend finding a provider to prescribe safe, effective early treatments for Covid (such as inhaled Budesonide using a nebulizer).

Inhaled budesonide has been proven by two RCTs at Oxford University to reduce hospitalizations by 90%. According to Dr. Richard Bartlett, Budesonide quiets the cytokine storm that causes inflammation leading to blood clots in the lungs. If you have a hard time finding a pharmacy to prescribe, they recommend you go here to find one.

Take low-dose aspirin

(81 mg) every night to prevent blood clots. This is a good daily practice.

Get a pulse oximeter

ASAP to measure your blood oxygen levels. Get at a drugstore or Amazon. It is very important to monitor blood oxygen levels during Covid.

Get access to supplemental oxygen

They recommend that for quick emergency oxygen, get some Boost Oxygen to have on hand. It is available on Amazon or at any drugstore.

In addition, keep Synergy Health in mind to contact to send supplemental oxygen to your home. They can work very quickly to get things set up at your home.

Taken from their website: https://budesonideworks.com/got-covid/

The OTC Viral Defense Basics

Start taking the following immune strengthening supplements ASAP

N-Acetyl-L-Cysteine (NAC)

600-750 mg 2-3x a day on empty stomach. This supports healthy lung function and immune health. NAC is currently very hard to find. Try health food stores or compounding pharmacies.

Vitamin C

(Ascorbic Acid or Liposomal C) – 1,000+ mg a day

Vitamin D3

5,000-10,000 IUs a day

Zinc

50 mg a day with food

Quercetin

500 mg a day

Use nasal budesonide

(Rhinocort). This is getting harder and harder to find in store. Try your local pharmacy. Two sprays in each nostril once a day. You can do this prophylactically as well. This spray helps inhibit the cytokine storm.

Use any mouthwash

They recommend going for one that either says “kills 99.9% germs” or a whitening mouthwash with hydrogen peroxide. Gargle twice daily. This slows viral replication in mouth. This is a good daily practice.

Take Loratadine (Claritin)

(10 mg) once a day.

Take Famotidine (Pepcid)

(10-20 mg) daily to help dry up secretions. Famotidine has been proven to be one of the most important anti-inflammatory meds for Covid. Only take this if you are symptomatic.

Take Melatonin

10 mg a day at night. Melatonin has been shown to be one of the most important supplements in healing from Covid.

Drink a Hydroshot on an empty stomach every morning.

This hydrogen-infused drink really helps with energy and improves blood oxygen levels as well as any digestive issues.

Drink a Silver Bullet with food in the afternoon.

Do not take this if you are already taking zinc. This drink is especially good for those who are very symptomatic – it helps get zinc get into the cells very quickly. No other zinc supplement is needed when taking this.

Taken from their website: https://budesonideworks.com/got-covid/

Expert Insight on early COVID treatment & Censorship

Dr. Sayed Haider

So my background is as a hospitalist doctor. And for people who don't know this, basically, I'm an internal medicine trained physician and that means medicine for adults basically. And I finished my residency in 2010. After that, I worked in hospitals for about 10 years until the pandemic hit. And when the pandemic hit, I was working part-time in a hospital in South Carolina and I was exposed to the virus and caught it in the very beginning.

But what was interesting was that I signed up to go to New York and Chicago also because they were so slammed or they told me they were so slammed. They were offering double rates for people to fly in and help out. And I was thinking, I'm just gonna fly in and work 24/7 for as long as they need me. And at the very last minute, they canceled. It was the last day of my work in South Carolina and I was supposed to fly out the next morning on a Sunday, and they called me up and said, "Sorry, we don't need you." And then the weird thing was that after that, there was no work in hospital medicine for the part-time doctors like myself for the next year and a half, so I switched to doing telemedicine.

And so, for the first 6 to 8 months of the pandemic, I was doing general telemedicine, and I started to learn about Ivermectin, hydroxychloroquine, and I would try to offer it to people. I was with the biggest telemedicine company in the US who have- they have coverage for 20, 30 million patients in the US, and the people would be coming to me. They didn't know me from Adam, but they would be connected to an online doctor if they had an urgent visit need. And some of these people had COVID, and I would bring up Ivermectin, hydroxychloroquine and asked them, "Hey, there's not a whole lot of data, but from what we have, it seems to be very promising. It's off-label but we can use it."

And the strange thing was that since it hadn't been covered in the mainstream media, 99% of the people that I brought this up with just gave me this blank stare like, you must be crazy. There's nothing that works for COVID. I would've heard of it on CNN or Fox or somewhere. And so, it was very difficult to get people to accept it. And all of that changed actually around December of the first year of the pandemic, 2020, after Pierre Kory's Senate hearing went viral. So Ron Johnson had Pierre Kory and a number of other physicians at a Senate hearing, and Pierre Kory was really worked up and upset and trying to tell people about ivermectin.

So that went viral on YouTube. Before they yanked it down, at least 20 million people saw it. And after that, people started to realize that, hey, there might be something that we're not being told about. And so word of mouth, it just spread like wildfire, and then people started searching me out, asking me for Ivermectin. And at that point, in December of 2020, I set up shop at drsyedhaider.com and mygotodoc.com and started seeing patients, and it just took off from there.

We had patients coming from everywhere and oftentimes begging us, saying that, "You're the only doctor I could find licensed in my state to prescribe this. You have to prescribe it for me." So, I had to hire a lot of staff and just dedicate myself 150% actually. I had never worked so much in my life. I was working 15 hours a day for probably 6 months straight. It was totally insane. And so, I became an expert on prescribing Ivermectin, Hydroxychloroquine, all these off-label medications. I was one of the first who actually used fluvoxamine across the United States.

And so I had tremendous results. At this point, I've treated total people that we've prescribed for through mygotodoc are over 50,000. So most of them were preventive protocols, and most people who took the preventative protocol did not get COVID. Like I just talked to a lady a few days ago, who, since the very beginning of the pandemic, she's between 60 and 65, I think something like 62 years old, since the beginning of the pandemic, she has not caught COVID. And she's sure of it because she's been testing her antibody levels, and she never got the vaccine. She's been taking Ivermectin twice a week. Otherwise, she's flying around. She's meeting people. She's going to restaurants. She's doing everything. She's living a normal life, going grocery shopping, the whole nine yards. And she hasn't caught COVID and it's really remarkable. So, most of those prescriptions, the 50,000 were for that.

Seventy-eight thousand were acute patients who actually got COVID, got sick and took the protocol, which included, it changed over time, but Ivermectin, Hydroxychloroquine, fluvoxamine, steroids, steroid inhalers, Z-Pak sometimes. And out of that 7,000, you would've expected to see probably 700 hospitalizations. We only saw 4 hospitalizations and they were all people who started the protocol late. And you would've expected probably to see at least 10 deaths out of 7,000 people, maybe 5 to 10 deaths, something like that. We had no deaths in this cohort of patients. It should blow anyone's mind who hears that.

And not even that. So, our patient population skewed really old. Most of our patients were over the age of 50. It wasn't like a normal sampling of the US population. And so those numbers, 700 hospitalizations, 10 deaths, would've applied to a random sampling of the US population. We probably would've had even more, even worse numbers than that since our patients were all old. Very, very few patients, just a handful of patients younger than 20. And then, a slightly higher percentage, 20 to 40 or 50, and the vast majority, probably over 75% were over the age of 50.

So that's been my experience in the last year and a half now during the pandemic, has been just 100% COVID treatment. And in the last 6 months, there's been a lot of long COVID and vaccine and, well, mRNA shot injuries. I don't like to call them vaccines, but it's ingrained in my brain. It's hard to avoid words like that when you've been trained to use them. So in the last 6 months, we've seen a lot of COVID injection injuries and long COVID patients. And so thousands of those patients have come to our practice also and have had tremendous results. So it's really easy to get probably about 90% better for 80% of the patients that we see within probably 3 months, and then the remaining 10% to 20% of patients, it takes a little bit longer. It's a longer slog and it takes maybe 6 months. It might take a little bit longer for them to completely get rid of the symptoms.

And sometimes you really have to stick with it and try different things. So we have protocols for that. They're very similar to the protocols for acute COVID in terms of there's a lot of medication overlap, a lot of supplement overlap. So we've been doing a lot of that in the last few months.

Dr. Peter McCullough

I've been completely focused on COVID-19 and the pandemic response over the course of the last year. Let's just focus on the infection just for a second. We know that there are three major elements to the infection, viral proliferation, cytokine injury, and thrombosis. It's a long illness, a typical person who dies of COVID-19 takes 30 days or more.

We have plenty of time to treat. If we treat early, we use the principles of intracellular anti-infectives, corticosteroids, immunomodulators, and anti-platelet drugs. This slide should tell anyone that no single drug is a cure for COVID-19, that we must use drugs in combination, and they must influence these major areas of the pathogenesis of the virus. And the principles here are the ones that we use in the hospital. And the innovation is to advance early to prevent hospitalization and death.

Hydroxychloroquine is the most widely studied and utilized drug in all of COVID-19. It basically has three mechanisms of action. It reduces the viral entry through endosomes. It helps work as a zinc ionophore. And zinc actually works to impair the RNA-dependent polymerase. And lastly, it's an anti-inflammatory. It changes the overall profile of cells so there's less inflammation.

We use Hydroxychloroquine to reduce inflammation in systemic lupus and rheumatoid arthritis. We use it as an intracellular anti-infective in malaria. So it makes a lot of sense that

Hydroxychloroquine would work. And we have great data, 259 supportive trials, 385,000 individuals. And Hydroxychloroquine is like I say, our mainstay in COVID-19 treatment.

We have large studies as outpatients demonstrating hazard ratios here, much less than one, implying a 50% reduction in hospitalization and death from outpatient studies. We have a very large study from Iran where there's been, as you can see here, 28,000 individuals, they treat about 25% of their high-risk patients with a short course of

Hydroxychloroquine plus other drugs, 30% reduction in hospitalization and death. So we have very good scientific support as outpatients. How about the randomized trials? All stopped early in a panic, but when combined, they have about a 25% reduction in COVID-19 events. Where's the problem with Hydroxychloroquine?

In the inpatient studies, the hazard ratios as shown here in yellow are less stable. They in general favor Hydroxychloroquine when started early. And these are just the large studies. But the randomized trials have been neutral. And here there've been two placebo-controlled randomized trials, very small numbers, about 500 patients, very safe, no safety signal here, but there was no obvious benefit.

All of these trials were flawed in the sense that the physicians assigned the endpoints, and they were far too small to define the benefit if indeed it exists. But suffice it to say, there's not a lot of strong evidence for Hydroxychloroquine in the hospital, unlike using as an outpatient where the data are uniformly strong. Here's the National Institutes of Health trial showing again, neutral on mortality, as well as cardiac safety.

Ivermectin, another drug that impairs viral entry to the nucleus, also has some properties against the spike protein. We have 60 trials with Ivermectin, a much smaller amount of information than Hydroxychloroquine, but that's still substantial. And here, Ivermectin has favorable hazard ratios for both inpatient and outpatient use, about a 70% reduction in mortality. And that's one of the reasons why Ivermectin is such a popular drug worldwide. Again, safe, effective in COVID-19.

Favipiravir is available in five countries overall, it's like oral Remdesivir. It's an RNA-dependent polymerase inhibitor. It's slow to work, and I think has modest effects compared to Hydroxy or Ivermectin.

Corticosteroids. This is a mainstay of inpatient treatment. A meta-analysis suggests a 30% reduction in mortality. It doesn't matter what steroids we use, most commonly prednisone as an outpatient. And then we have data with inhaled Budesonide. Inhaled Budesonide, known in the United States as Pulmicort, a randomized trial called the Stoic Trial. Here there's an 87% reduction in hospitalizations with inhaled Budesonide So we have positive data for both oral and inhaled steroids.

Colchicine, the largest, highest quality, randomized prospective double-blind placebo-controlled trial is co-corona. This was coordinated at Montreal Heart Institute. Over 4,000 outpatients with symptomatic COVID-19, and among those who were confirmed positive, a 25% reduction in hospitalization and death. Here's the summary: overall low rates of mortality, so no statistically significant reduction, but it did tend in the right direction. So we have positive data for Colchicine.

Anticoagulants, what we know here from inpatient data is that full-dose anticoagulation and aspirin are associated with reductions in mortality. And then in this analysis, extended out to 28 days. We know in the end when patients die of COVID 19, they die of blood clots in the lungs. That's the reason why the oxygen saturations go down. It's not the virus at that stage, it's blood clotting. So we use full-dose aspirin and full-dose anticoagulants, whether it be oral or injectable.

So how do we put this all together? When we put together our original protocols, we didn't demand large randomized trials of single drugs, because we know they take two to five years. And we certainly didn't demand large randomized trials of multiple drugs. Not a single trial has actually even been planned with multiple drugs.

We had to choose drugs with a signal of benefit, acceptable safety, use the precautionary principle, and get patients treated to reduce hospitalization and death. And that's indeed what we did.

This is the seminal paper now, Reviews in Cardiovascular Medicine, December 2020, most frequently downloaded. It's the basis of the home treatment guide. And here's the protocol, age under 50, no other medical problems, simply a nutraceutical bundle is reasonable: zinc, Vitamin D, Vitamin C, quercetin, watchful, waiting for their return to work.

If younger and presenting with severe symptoms or older with medical problems, then we move into the sequence multi-drug approach. As you can see here, if we can give an antibody infusion upfront like President Trump, we would do it. Then move into the intercellular anti-infectives. If respiratory symptoms are on Day Five, we use oral steroids. We can use inhaled Budesonide throughout. We can use Colchicine 0.6 milligrams throughout.

Aspirin, 325 milligrams throughout. And then lastly, high-risk patients, seniors, we go ahead and add injectable or oral anticoagulants. My preference is injectable, low molecular weight Heparin. So it takes about four to six drugs. The shortest course of treatment is about five days for easy cases, and 10 days for someone about my age - around 60 or so.

And then for seniors - those in nursing homes - about 30 days of treatment, some patients need oxygen concentrators at home. You may think this is a lot, but I can tell you if patients wait until the hospital, it's actually much worse. So we'd rather work with these drugs as an outpatient and just spare the hospital and spare the risk of death altogether.

Does it really work? Well, two prospective studies, this one from Dallas, Texas demonstrates about an 85% reduction in hospitalization and death compared to the averages, either in surrounding areas or expected hospitalization as calculated from the Cleveland Clinic calculator.

Data from Zelenko and Derwand show the same thing. Another analysis from nursing homes shows that one can use a variety of different protocols. As long as patients are getting some care in a nursing home, there's about a 60% reduction in mortality. The biggest mistake that you can possibly make is to have a COVID-19 patient receive no treatment whatsoever and be at high risk and then wait to become hospitalized and then succumb to complications and death in the hospital. Always start treatment early.

I've done seminars now with key leaders and I've gotten to know individuals all over the world. I know that no single drug is essential in treating COVID-19. So Dr. Brenteos in South America, and Dr. Chetty in South Africa, treat the illness with no Hydroxychloroquine or Ivermectin.

They use the sequence drug approach and treat the back end of the illness. So I know there are many different ways to treat it. The main principle is to treat the problem. Well, this came to a head in the United States, because we did not see treatment moving forward. Senator Ron Johnson, who was the ranking Republican majority member of the Department of Homeland Security and Governmental Affairs Committee called testimony.

I was the lead test - witness in the first set of hearings, November 19th. Pierre Kory in the second one, December 8th. J.J. Rochester in the second one is actually the most experienced with Ivermectin. I had chosen him for that hearing. And we basically broke the news to America that we could treat COVID-19 and markedly reduce hospitalization and death.

I followed this up in the Texas Senate. I was on fire that day, March 10th in the Texas Senate, basically pummeling the Department of Health and Human Services for not providing early treatment enough to patients in Texas, not making these monoclonal antibodies accessible, and not giving people fair information on how to find treatment. Since that time, the Association of American Physicians and Surgeons fully supports early treatment, has chapters in every state.

We have the COVID Medical Network in Australia, Terapia Domiciliare in Italy, the PANDA in South Africa, and now worldwide, Heart and Bird in the UK. So we have early treatment groups that have really broken through where our government agencies have failed. AAPS publishes a home treatment guide. We have data that suggests this was downloaded millions of times and passed around millions of times.

It gives the key treatment algorithms, but importantly, it also gives access to telemedicine services. We have four national telemedicine services and 15 regional services, about 500 listed treating doctors across the United States. And we've handled a massive number of individuals. Towards the beginning of January, we crushed our curve in the United States. Rates of new cases, hospitalizations and deaths fell for the first time as early treatment kicked in. And since

that time, we've never had a significant rise. And that was long before anybody was ever vaccinated. So we know early treatment had a massive impact.

The same thing happened in Mexico City. The same thing happened in some countries of South America. And the same thing recently happened in India, long before vaccination had an effect. So early treatment is absolutely the key to pandemic response. Here's Terapia Domiciliare, look how big these crowds are in Italy. Eric Grimaldi's a national hero. They declared zero hospitalizations in Italy with this multi-drug early treatment approach.

Dr. Jim Meehan

Jonathan Otto

Dr. Jim Meehan, we are really, really privileged to be able to sit and interview with you for many, many reasons. Your advocacy, your work, your writing, your speaking. And, for me, the most important thing, the fact that you work day to day with patients that are going through the things that the world is going through, and you have solutions that are effective. That are working. That are a direct answer. And you are dealing with distressed people.

People that are not sure what to do. And, that's so relevant. And it's so helpful. The fact that we have you to be able to help us understand what you think are the best treatments. Because, as the audience is probably aware, or maybe not aware, that we're going to talk about some of the dangers of the vaccine, and this would appear to many, as being just a doom message, because they feel like they have two choices. Die of COVID or die of the COVID vaccines, the side effects.

And this is very daunting. So they're going to weigh it up and they're going to see which one seems heavier and even if the numbers seem slightly less for the side effects of the vaccine, they're going to take it. But, it's not that way. And so, I can't wait to learn that from you. But before we do that, can you share with the audience some of your background so they can know your credentials and some of the things that you've been most excited about through your career.

Dr. Jim Meehan

My name is Jim Meehan, and I'm a medical doctor. So I've been trained in the Allopathic Medical System. I was older when I went to medical school. So I think I saw the system as being a little bit more broken than I had imagined as a young aspiring medical student. I saw that medical education was really controlled by the pharmaceutical industry. And this was 20 years ago. It's even worse now.

But my background is, I graduated medical school. I was president of my class, in the top of my class. And I did a residency program in ophthalmology. So I'm an eye surgeon by training. I spent the first several years of my life treating ocular inflammation and infectious diseases of the

eyes. Did about 10,000 surgeries. But I found it limiting. One of the things that really frustrated me about medicine was, I was paid a lot of money to treat the end stages of disease, but almost nothing to prevent it. And I really went into medicine to prevent disease.

And I just thought we were off the path. Everything was about drugs and surgery, and expensive diagnostics. And we weren't teaching patients how to move, to exercise, to get sunlight, to eat right. Things that really create health and things that are, for the most part, are typically free. Readily available. My medical profession has increasingly become about a pill for every ill. And throughout my career, I've found myself fighting against an establishment, that has really just lost itself in the pharmaceutical industry's control.

I later retrained in preventative medicine. I've added several specialties to my training in medicine. I'm licensed in 22 states, I practice in preventative medicine. One of my greatest passions is treating addiction.

But I treat a lot of COVID-19 pneumonia right now. I do a lot to prevent it, first and foremost, and we have powerful preventatives from that. But I guess the other part of my background I think everybody should understand, is that I'm also a former medical editor. I was a medical editor of the Journal Ocular Inflammation and Immunology.

And in that capacity, I really became an expert in reading scientific research, reading scientific literature. It's appalling how much fraudulent, low-level science is published in our medical journals. And it's become even more apparent today. And I think even the general public is seeing how much fraudulent science is being misused to support a false narrative in a lot of ways. But that's my superpower, Jonathan.

My superpower is to discern fraud, fact from fiction in the medical literature. And listen, it's a full-time job. There's so much of it out there and it's being weaponized against the public today. And that's what I rise against.

I guess the other thing everybody should know about me is I'm Irish, and I like to fight. I've been a fighter my entire life. A high-level martial artist, world jujitsu champion. I like to fight. I'm not afraid to fight. I don't like to fight, I guess. Well, I mean in a professional context I do. But, in this fight, I was made for this time. I was made to expose the frauds. Like Anthony Fauci, like our CDC. Too many lives have been lost and there's too much blood on the hands of our public health service. And I'm just one of those physicians that won't tolerate it.

I've taken two oaths in my time. One, 37 years ago I took an oath as a West Point cadet to protect the citizens of this country from enemies both foreign and domestic. And I took a second oath to “do no harm”. And right now is the time when I rise to honor those oaths. I'm an oath keeper. And in that capacity, I'm ready for war. Because we have got to go to war against this rise of the medical police state.

Jonathan Otto

Wow. You really hit the nail on the head. I think that a lot of people resonate with what you're saying and feel relief that someone from your background would speak out with your background and research and your medical experience. And then your personal life calling. The fact that who you are and what you do transcends the specific career and occupation.

You're a defender of the people. You're someone that cares and is interested in the furthering of what we live for, here in this world. And so I appreciate that so much. Dr. Meehan, this is a little bit of camera here. I'm curious as to if you were to basically give me what you feel like would be the most important aspects, that you would like to cover, that you feel like is the most cutting edge. Why don't you just banter back and forth with me here for a moment. I'm just curious, what are maybe two or three points that you feel like we should focus a lot of our energy on?

Dr. Jim Meehan

Right. Well, one of them is definitely the anti-science nonsense that mask mandates have become. Especially masking our children. That's a primary mission of mine. Is to get the masks off of our children. So masks are a big issue. I've written about it extensively. The other is the suppression of public awareness of The therapeutics that are available to prevent and treat COVID-19. I've treated about 1,000 patients.

Prevented COVID-19, treated early with drugs like Hydroxychloroquine and Ivermectin.
And I can tell you from the way the medical industry works ... the medical journals have colluded with the pharmaceutical industries to create fraudulent research studies to discredit hydroxychloroquine.

Soon they'll start pouring out on ivermectin as well. Gates is working on a study of his own. We know what that's going to say because we know how it works. How they work to try to assassinate and discredit these therapeutics that are such a threat to the vaccine industry. So, those are two of the big areas I think. When it comes to the COVID-19 vaccine, I know a great deal about it.

I studied and spoke with experts earlier about the furin cleavage domain that was inserted into that, that was clearly, clearly bioengineering. And how that all has played out ... the merging science now on the spike proteins and their toxicity in the human body. We chose the wrong antigen for this vaccine, or alternatively, maybe they chose exactly what they wanted to choose. But any of those topics are fair game.

And anything that's on your mind, I'm sure it's something I can handle and know the science. I've really applied myself at this time, because I can see the fraud, corruption and pseudoscience on how it's being used against us. And I want to expose it on every level.

Jonathan Otto

Wow. It's so chilling. A good friend of mine, that is a good researcher, when I was sharing some of the facts on hydroxychloroquine he cited these studies that were not promising for him. And then I actually did have a hard time just trying to work out, how do I defend the fact that my family has used this to overcome COVID? And that there's a lot of great research, but I don't know how to debunk these particular studies. What would you say?

Dr. Jim Meehan

Yeah, well there's some really good websites out there. One of them is c19study.com. This is an independent framework where they've gravitated all the scientific research around hydroxychloroquine.

They also did it for ivermectin Many of the antivirals. Vitamin D. That one website is the best single place for people to go to look at the science and to see the ... for example ivermectin. You hear in the mainstream media, "Oh, it's ineffective. It's an antiparasitic drug." But you'll never hear in the media that we have conducted 58 clinical trials all over the world. 29 randomized controlled trials.

Three meta-analyses, two of which were conducted by two of the top researchers in the world. Dr. Tess Lowery has authored over 100 Cochran collaboration meta-analyses.

And when she medi-analyzed all of these 29 randomized controlled trials on ivermectin she summarized and said 70% reduction in mortality, 85% effectiveness in preventing disease. Now in many studies, it's 100% effective in preventing an infection from occurring in a person that is using ivermectin as a prophylactic. I've sent more doctors, more infectious disease doctors working in hospitals who, when I'm arguing with them, or debating with them on the telephone, that they've got to treat their patient with ivermectin.

It's my patient too and the family has reached out to me. And I'm trying to convince them and they tell me, "Well I've read one study." I always ask them, "How many studies have you read?" "Well, I read one study." And I would say, "Give me a little bit about it." And then I would identify exactly what study they read. There's only one neutral study on ivermectin. That was the only one and it was neutral. Saying, "Yeah it was no better than placebo in that one study." It was a pretty week study out of Brazil.

And I would identify that one. I said, "Okay. Well, you got 57 more studies to read. And I'll be happy to read several of the best ones. The highest levels of science." And that's where my superpower of medical research comes in, is that a lot of the lay people, the public, and a lot of doctors, get confused in the levels of scientific evidence. We have a hierarchy in medical research evidence, and that hierarchy is a pyramid. At the top of the pyramid are meta-analyses of multiple randomized controlled trials. That's the highest level of scientific evidence.

That's policy-grade evidence. What the CDC has done with masks and ivermectin and other things when they want to create their own false, fabricated scientific consensus. What they do,

is they conflate low-level evidence. This is what they did in the mask. They have 72 studies on masks, but say, this study on hamster cages, where they put a mask over a hole between two hamster cages, or they put masks on mannequins, that that is equivalent to 100 years of science in which randomized controlled trials and communities and hospital workers showed that masks don't work.

So they conflate this low-level science and try to confuse you, confuse the public, into believing that it's all the same. And what I did and on my website, and on my blog page, meehanmd.com, I did a large dissertation of all the science that was available that said masks don't work. That only do they not work, but they're harmful. That's the other part of the equation that's been completely ignored in the mask debate, as they've used low-level science on hamster cages to say masks are effective.

But they never did the safety studies to prove that they're safe. Because we have 100 years of science that say, "Wow, when a lot of people were wearing masks in 1918 they died of bacterial pneumonias." We're seeing the same thing today, Jonathan. The safety science was never done. When Anthony Fauci said, "Wear a mask. Then wear two masks," what was always absent ... and superintendents of schools, and principals, and teachers in schools, forcing their children to wear masks.

You're believing low-level science and you never asked for the safety study. Who proved that this medical intervention ... and by the way it's also only supported by an emergency use authorization through our FDA. It's an experiment. And that experiment is an incomplete experiment, in my opinion, based on all the science that we have, it is a complete experiment that we have determined does not work and causes harm.
But, man, they have done the safety studies to make sure that putting masks on children that are at statistically zero risk of having a severe case of COVID-19, that have been shown in countries all over the world, they don't transmit the disease. This asymptomatic spread issue which was one of the foundational principles that we were told this is why healthy people should wear a mask, because they might have the disease and not know it and be spreading it. Bogus! Debunked.

Asymptomatic spread does not occur in the population. Ten million subjects in a Chinese study have determined that. Multiple studies now determine that asymptomatic spread does not occur. But, we ignored all that science because, well, we recently learned, because the American Federation of Teachers, a teacher's union, was lobbying the CDC and convincing the director of the CDC, Lewinsky, that well we should control it, the teacher's union should have a say in what happens to our children. No! Science should have a say. Science says you should not be masking our children and at the end of the day, the only people that matter are the parents. And they have been completely left out of this equation.

And what I'm telling all parents today, the action step that I have for all parents is: request the public records from your superintendent, from your school district, from your principal. And make them provide you the information that they used to determine that this intervention was safe.

Because it's never been proven to be so, and at meheenmd.com you can find all the scientific evidence that says when we have masks and randomized controlled trials surgeons, and nurses, and doctors, they have suffered tremendously.

Eighty-two percent would develop headaches. Twenty-three percent would develop severe migraine headaches, nausea, vomiting, bacterial pneumonias are exploding in the population now. And the other part of this mask issue that cannot be ignored, is the epidemiology. If you look at the mask charts that were published on rationalground.org, you will find that every place that they mandated masks, there is an increase in hospitalization and deaths that follow that. So, when I say our science is not just incompetent, it's malevolent.

Because I don't believe Fauci, Birch, Redfield, the CDC and our public health authoritarians, I don't think they're ignorant of science. I think they know the science, and they're doing this anyway. In fact, the recent Fauci email dump confirms that. Fauci knows masks don't work. And he did it anyway. Because he's got puppet masters, he's a puppet, and he's having his strings pulled by puppet masters that want the disease to be worse on the population, because it became convenient to steal an election.

It became convenient to worsen the cases of the diseases and the deaths in the population. That's why I'd charge them with crimes against humanity. It truly is. The science is so firmly on our side if we could try this in court, Jonathan, we would win. Science would win and these criminals would be in jail.

Jonathan Otto

Wow. Dr. Meehan. Well, this is really very eye-opening. And I do see this interesting discussion where we move past, "Oh, wow! What an experimental vaccine!" Five to seven months ... and the appearance of recklessness or being well, this is an emergency so we're responding to an emergency. Sometimes I'm willing to speak in that way because I'm willing to speak through a mirror of what perception is and say, "Yeah, but. Look at the telltale signs here of malevolent intent."

Because of all the warning signs here that are in existence and certain factors that are very clear. We can't recommend anything to a woman that's pregnant unless there have been clinical trials that have been done on pregnant women. And so, then to recommend that a pregnant woman can have it, and there's no studies to back it up, it’s completely malevolent or it's just the most ignorant thing that's ever been done.

But, the verbiage would be if it was on that side of the fence would be, "we suggest we have this. We don't have the data to prove this, but we feel it's going to be the most safe and effective thing to do," versus "this is safe and effective." It's blatant lies. And same with babies, and issues with fertility in regards to reproductive organs knowing that the people in the clinical trial were not allowed to have sex without condoms.

These are pretty obvious kinds of things ... I'm sure I'm preaching to the choir here. Dr. Meehan, let's talk about the genesis of coronavirus. What you understand it to be. Where did this come from? Why is that relevant, and what do you think is really going on here?

Dr. Jim Meehan

Yeah. So the origins of this virus are clearly from the Wuhan Institute of Virology. That's where it arose from. Any other narrative is just contrived. In fact, with the recent Fauci email dumps, we have absolute confirmation that, not only did we know that it arose as a bio-engineered machine ... he was informed by experts that that's exactly what it looks like. It had the signature of bioengineering and gain of function research. He knows that he was conducting that research. He was a big proponent of it.

A single author on a paper in 2012 in which he was a big advocate for it. We stopped Gain of Function research in 2014 because the scientific community recognized that this is dangerous. This is dangerous to humanity. If we start taking these, the SARS virus has a 15% fatality rate, and we start adding new features to it, from HIV, from other viruses, that make it more infectious, more transmittable. That could be an absolute depopulation event. And yet, that's what was being done.

So we brought it into it. And then about 11 days before President Trump took office, they removed that restriction and they restarted the Gain of Function Research. It was funded by millions of dollars of taxpayer funds, and it was funded at the Wuhan Institute of Virology. It's not my area of expertise, I'm not a journalist, but I have investigated that issue very deeply.

There is no question about it. What they did, one of the things that they did, was they inserted what's called a furin cleavage domain right into that SARS-COV-1 genetic structure. That furin cleavage domain is a very dangerous feature. It's one of the reasons I came out so hard against masks because we know that masks block oxygen. They inhibit your ability to absorb oxygen into the lungs. They drop your arterial oxygen levels.

The furin cleavage domain is well known to increase its ability to cause infection, to invade a cell, a lung- when oxygen levels drop. So, when we began to identify... and this is March, this is April. Experts all over the world were clearly saying, "This looks like a bioengineered virus. It’s got all the signatures." And then what did Fauci do?

Well, he organized a little consortium of sciences, and it's exposed in his email drops now. That he got them to publish an article, a paper in nature, that tried to fabricate this narrative that the SARS COV2 was because pangolins and civets were French kissing or something. It was an unbelievable story. Most of the scientific community said, "absolutely not!" But those that were speaking out against it, what happened to us?
We got de-platformed. We got censored and silenced, kicked off YouTube, Twitter, Facebook, I was one of those. I was purged, because I was talking about all the things that are inconvenient. But they were things that were true, supported by scientific evidence. It was really

incontrovertible. But we weren't controlling the narrative. Anthony Fauci and his collaborators were. There were 26 email messages between himself and Bill Gates.

Many messages between himself and Zuckerberg. Our federal agencies were colluding with other industries in what appears to be, an absolute fabricated narrative that has led to us, not only not identifying the proper treatments, the proper vaccines, but really suppressing public awareness of the emerging science that showed things like hydroxychloroquine, ivermectin, Vitamin D, were so powerfully effective.

Again, crimes against humanity. Millions of lives lost. 70% of the lives lost, 3.6 million could have been saved if we had real public health authorities that were speaking to the public, in the public's interest, not the pharmaceutical interest.

Dr. Vladimir Zelenko

Jonathan Otto

So with protocols for vaccine injury, have you been seeing any cases of people being turned back from their injuries?

Dr. Vladimir Zelenko

So you have to understand what injuries are we talking about? So, it depends on how far out from the actual injection are we talking about. In the first 3 months, the main issue is blood clots causing heart attacks, strokes, and other things. So, I found that anticoagulation using blood-thinning approaches, whether it's aspirin or there's something over the counter, they're called NAC. N-Acetyl cysteine, which has anti-blood clotting properties. It's very helpful.

Jonathan Otto

Has it been banned? No?

Dr. Vladimir Zelenko

The FDA is trying to ban it. That's how you know it works. But you can still get it. I strongly recommend that. Of course, ask your doctor.

Jonathan Otto

Absolutely. If somebody couldn't get that, what else could do a similar role?

Dr. Vladimir Zelenko

Aspirin.

Jonathan Otto

Aspirin would do a similar role to NAC for that particular function.

Dr. Vladimir Zelenko

Or if you can get more - Depending on your risk profile, the drugs, the more advanced anticoagulant drugs like Eliquis, Xarelto, Pradaxa. And then the long-term concern is antibody-dependent enhancement, which is basically what's called pathogenic priming, where your body has produced antibodies that are like bombs. And they're waiting to detonate. And the trigger for the detonation of those bombs is a similar infection to what the antibodies are designed for. So it's that reaction? The immune reaction that actually kills people.

That's what happened in the 1960s with the RSV vaccine. It happened in the 1970s with the Dengue fever virus vaccine. And it's happened historically with all the previous attempts at coronavirus vaccines in animal models, a large percentage of the animals died when they were challenged with the virus that they were designed to be immunized against. So the key is to prevent the antibody bomb from going off.

The way you do that is by taking antiviral prophylaxis. The answer is not to create more bombs by taking boosters. The answer is take antiviral prophylaxis that will prevent you from getting another viral infection.

Jonathan Otto

Would ivermectin be part of that?

Dr. Vladimir Zelenko

Yeah, of course. I think anyone who's been vaccinated is in such a high risk. So a 10-year-old child vaccinated, in my opinion has the risk of death as a 95-year-old nursing home resident. So I would recommend high-risk prophylaxis with ivermectin or hydroxychloroquine, zinc, Vitamin C and Vitamin D at the bare minimum.

Jonathan Otto

Yep.

Dr. Vladimir Zelenko

NAC.

Jonathan Otto

And like Frontline COVID Critical Care, the dosing that Dr. Pierre Kory puts there is good. Do you have dosing anywhere online where people can look?

Dr. Vladimir Zelenko

I do. Yeah, my website, I have slightly different protocol than Dr. Kory's protocol. He uses higher dose of zinc than -- in my experience has caused a lot of nausea. So I use lower, a little lower dosing, but their protocol is very effective. And my website, vladimirzelenkomd.com. It's my name, vladimirzelenkomd.com. And there I have all the printed for free, printed protocols in many languages, both for prevention, prophylaxis and treatment.

Jonathan Otto

Oh, that's amazing. Thank you. So, and is it outlined in the setting of vaccine recovery there with the protocol as well? Is it listed as such?

Dr. Vladimir Zelenko

No. It's outlined in terms of risk.

Jonathan Otto

Yeah.

Dr. Vladimir Zelenko

So there's low, moderate and high risk.

Jonathan Otto

Sure.

Dr. Vladimir Zelenko

If someone's vaccinated, they're high risk. That's what they should follow.

Jonathan Otto

Got it. And have you seen any cases of people reversing vaccine injury from COVID shots?

Dr. Vladimir Zelenko

The best way is not to take any more shots.

Jonathan Otto

Well, I get that. Yeah.

Dr. Vladimir Zelenko

I have, yeah. If people are aggressive. The problem is in the first 3 months, people don't realize it and they get blood clots and they get really sick. So, we need to spread awareness of the need not to take these shots. But if God forbid you made a mistake, which is okay, everyone makes mistakes, that you should start immediately protecting yourself.

Dr. Vladimir Zelenko

They're all treated the same way. I have zero worry of the new variants, because all you need to do is block the common pathway of RNA replication, which is what zinc does. So, I'm basically throwing a monkey wrench in the common denominator pathway of all the variants. So, I personally don't care how the variant gets into the cell. All I care about is that the virus doesn't make copies of itself and spread.

Jonathan Otto

Got it. So, people use the same treatment protocols as they did. So, the ones that we can refer to in your site and Frontline COVID Critical Care, it's the same ones that people used both for treatment of Omicron, or Delta and prophylaxis as well.

Dr. Vladimir Zelenko

So, you need to understand your risk category and you need to be smart about either taking prophylaxis or early intervention.

Jonathan Otto

Got it. So prophylaxis is for the high-risk?

Dr. Vladimir Zelenko

High or moderate risk.

Jonathan Otto

Yeah. But otherwise?

Dr. Vladimir Zelenko

Otherwise, you're safe. You could take it if you want, but it's not -- Like, for example, my children, they all had, -- 8 children, they all had COVID, I was so happy. Remember the chicken pox parties?

Jonathan Otto

Oh yeah.

Dr. Vladimir Zelenko

So same thing here, they got through it with running noses and easier than the influenza virus.

Jonathan Otto

Yeah. So, that's the great piece of knowledge. So Omicron, Delta use the same protocols. As with COVID, you need to assess what risk category you're in. If you're in a high risk category, you're more likely to do prophylaxis versus just wait it out. And if it happens, then early treatment. As soon as you've got symptoms, then you would go ahead and take the dosing of those things - zinc, Vitamin D.. D3, K2? D3?

Dr. Vladimir Zelenko

No, I'm just D3.

Jonathan Otto

D3. Ivermectin?

Dr. Vladimir Zelenko

Again, depends on your risk category. The problem with ivermectin, the hydroxychloroquine, they're prescription.

And so it depends.. You know, there's 2 reasons people die from COVID. One, is the moronic doctor you choose that delays treatment. And two is the tyrannical government you live under that blocks access to care. But there are plenty of over-the-counter options now.

That replaces the mechanism of action of hydroxychloroquine and ivermectin, which is delivering the zinc into the cell. And those include quercetin, which is a derivative of apple peels, it's a bioflavonoid, or EGCG, which is a green tea extract. They both are very powerful zinc ionophores proven by peer-reviewed studies on the NIH server.

Well, I've been trying to understand the forest from the trees, basically, reverse engineering a complex and really what I consider the worst crime in human history. And there's certain connecting the dots that, I'm losing my voice, connecting the dots that I've been able to do. And so for example, there's a 20-year patent trail that describes the development of a weapon of mass destruction called COVID-19. There's nothing natural about it, and it was modified in stages over 20 years and then deployed on humanity. But what I didn't realize, what I used in

March 2020 to develop my treatment protocol was a paper talking about zinc and zinc ionophores, but I didn't realize who the author was, which was Dr. Ralph Baric of that paper. And that name should mean something because at every single stage of the development of this weapon of mass destruction, like, the Ralph Baric from the University of North Carolina-Chapel Hill was the author of the papers with other scientists. But, he is the consistent name and it was all funded by the United States government, NIH, and other sources.

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

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

Jonathan Otto

Why?

Dr. Vladimir Zelenko

Because it encourages vaccine hesitancy. The implication is that these drugs actually work, and because they work, people choose not to take the vaccine because they're getting better with these drugs, and for that reason doctors are being incarcerated.

Well one thing, you could say I got red pilled was when I saw the obstruction of life-saving medication, like I said, Governor Cuomo in March 27th of 2020 issued a executive order blocking pharmacies from dispensing a medication hydroxychloroquine for COVID, not for rheumatoid arthritis. So now for the first time in my career, when I would call in a prescription, the pharmacist would ask me, "What's the condition you're treating the patient for?" I'm like, "What? What about Hippo? What about.. Who are you to even ask that question?"

And so, I realized that there were obstacles being created and I didn't understand why. I even lost a few patients because of lack of access to meds in the right time frame. So, I realized that - So, I was forced to find another solution, which was not pharmaceutical per se, but was based on a, you know, natural supplement and it really worked.

And then when I studied this more, I realized that there is active suppression of natural solutions to COVID-19 and to influenza. And so my entire paradigm of understanding how medicine works and what allopathic medicine represents changed. And so, I'm suffering from cancer and I've gone the allopathic way, 2 open heart surgeries and 3 years of chemo, radiation twice, and not only didn't cure the problem, but it caused heart failure and congestive water in my lungs, suppressed my bone marrow. So - And now I have recurrence again, which is non-operable and so, I even ran out of options.

And so, I started looking into other methods. Some of them are still allopathic, like checkpoint inhibitors, others, like hyperthermia of high dose Vitamin C, ozone therapy, alpha lipoic acid, proper nutrition, meditation. There's a lot of complementary modalities and that seems, I had a CAT scan last week, seems to have shrunk the tumor by a third. So, you know, that's what I've seen myself.

So there's a lot of new, I would say, possibilities that are now becoming available that really should give people hope.

Look, ultimately, I think we are spiritual beings in a body, and I think that follow King David's prescription in the Psalms where he says "Turn away from bad, do good and live." I think that is the most powerful prescription I've come across. There's another, and just the parenthetically I remember, the Harvard Longitudinal Study, which was the longest study in history where they followed Harvard medical students and other people over 3 generations.

And they took certain data points and they came out 5 years ago with a certain conclusion that who are the healthiest people at the age 80? So obviously like, it's the type of the people who didn't have high blood pressure or diabetes or obesity. What was the most accurate predictor of good health at age 80? You know what the answer was? Being in loving relationships at the age of 50. Those people that were in good, supportive, nourishing relationships stay the healthiest.

Concluding Thoughts

As you can see from the incredible information covered in this eBook, a COVID diagnosis is nothing to be alarmed about. And there is no need to feel like the jab is the only solution. We already know that the jab is killing more people than COVID. So there really is zero benefit to getting it.

If you truly want to be well and make sure you don't get seriously ill with COVID (or envenomation), the key is to follow these highly effective early treatments. And also to make sure you keep your immune system strong and health with the right nutrition and supplements.

Fear is the ultimate killer, and the global government wants us to be afraid. But it's time to trust in your natural God-given immunity and focus on controlling what you can - and that's your health. If you do this, you'll never have to worry about any current or future so-called "pandemics".

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