

COVID UNCEN SORED

Top Doctors Reveal
**Life-Saving Treatments
and Protocols** to
Reverse COVID and
"Vaccine" Injuries



COVID: The Mass Envenomation Agenda	2
Dr. Bryan Ardis	2
Life-Saving COVID Treatments Recommended by Experts	8
Treatments for Envenomation	8
Dr. Bryan Ardis	8
Simple, Effective, and Accessible COVID Treatments	10
Dr. Dietrich Klinghardt	10
Treatments For Long-COVID & Post-Vaxx Injuries	14
Dr. Elizabeth Lee Vliet	14
Dr. James Neuenschwander	19
Dr. Bryan Ardis	21
Detoxing From The Poisonous Gene-Editing Vaccines	22
Dr. Bryan Ardis	22
Dr. Dietrich Klinghardt	28

COVID: The Mass Envenomation Agenda

Dr. Bryan Ardis

This is phenomenal. I mean as this has gone on for the last 8 or 9 weeks Watch the Water documentary dropped, we have a new documentary coming out, Covenom19, that actually goes further in-depth than anything else we've done on the Italy study that was actually submitted for review publication, was in June 2020 when it was finished. That study actually found 36 different animal venoms, toxin-like peptides, very identical to venoms of 36 different components of different animal venoms inside of COVID-19 patients from multiple studies who PCR tested positive for COVID.

The group that did not test for COVID from multiple cities also, they found no animal venom peptides in any of their body. Blood, urine, and feces is what they were testing on the entire group. And you're right about the neurotransmitters specifically, the nicotinic acetylcholine receptors being affected by those venoms. And the conotoxin review that you showed me on the Department of Justice's website, it does impact the conotoxin venom which there's 15 of in the 36 venoms found in the Italy study with COVID-19 patients.

If you reference the Italy study with the France study, that took place two months earlier from the submission of the Italy study. In France, they found that the spike proteins -

when they ran the genetic sequencing of S1 and S2 spike protein on SARS-Cov-2 - they said they were most identical to two snake venom peptides, the Chinese krait venom and sequences of the Chinese king Cobra venom peptides. Then, they also referenced it had some similarities to the rabies virus also. In that study, if you reference that one and the Italy study and then look at the Department of Justice conotoxin review as a bioweapon affecting neuroreceptors, brain receptors, nerve receptors. It is very clear that in the French study, they said these two venoms from these two snakes that look identical to these spike proteins on SARS-CoV-2.

We know they said that these spike proteins can cross the blood-brain barrier because beta coronaviruses, which this coronavirus was identified as also crosses the blood-brain barrier. And they said these target, these two venom peptides, they target what are called nicotinic acetylcholine receptors in the brain that control smooth muscle contraction, including your diaphragm and your heart's power to beat. So, when you attach a venom, like when a snake bites one of these king cobras or creates bite an animal or prey, the actual venom goes past the blood-brain barrier hits the nicotinic acetylcholine receptors suppresses, the diaphragm's ability to contract and then it starts reducing how fast the heart can beat which it's slowing down how much blood flow is going through the body and the energy and the lethargy of the animal's gonna increase and the animal can't get away.

So then, the snake just slithers follows the scent until the animal passes out and then it digests it. This is how these venoms work. They also, if they cross the blood-brain barrier, they can up impact any neural tissue in the body whatsoever. But these nicotine receptors, nicotinic acetylcholine receptors are by far what the French researcher said we need to go study.

Because they said these two venoms, krait venom, king cobra venom, they called them and identified them in the research literature as Cobra toxin from the king cobra is one of the spike proteins and then bungarotoxin which is krait venom toxin were the two spike proteins. And they said, "Then we're making an observation around the world that smokers are the least being hospitalized for COVID and dying from COVID-19." That's in the French study in April 2020.

Jonathan Otto:

Yeah, and that's why the Italy study in the conclusions references it and says nicotine should be looked at as a treatment because of the nicotinic acetylcholine receptors being affected by envenomation. And they even said that envenomation the venoms are present where the SARS-Cov-2 infection is present. So, they didn't say the venoms is SARS-Cov-2, even though that's what you and I are saying. They're just saying it's

present and because the SARS-Cov-2 can't be identified and completely isolated therefore we're saying no, it's just envenomation but it really did piggyback on it. It was saying, "We need to go deeper. The French study uncovered something in regard to the issue with the neurotransmitters." So basically what we're seeing is there's a signal going in from the venom that is basically in layman's terms shutting down the brain from being able to provide its normal functions of making the heartbeat and reflexes, anything. And this is the reason why you see people go like this, boom and they're on a TV talk show...

We've seen this all around the world, all this footage that's come out of people just dropping as if they just got a king hit to their head and they got knocked out. But that's all, it's the neurotransmitter. Suddenly the venom must have got through into a certain area and then just flipped the switch and they just- I don't know.

Dr. Bryan Ardis:

Yeah, this is what happened. So, the French researcher said the actual nicotinic acetylcholine receptors which are ACE-2 receptors which we all hear about that the spike protein of SARS-Cov-2 enters or inserts into ACE-2 receptors and that the spike protein acts like the key to the ACE-2 receptor to unlock the cell that allows the coronavirus into the cell to cause disease. This French study and the Italy study are the two things that have answered more things about COVID-19 to me than anything else I've read. I'm not kidding, for the whole two and a half years. Inside the French study, they said this could answer these two venom peptides, target nicotinic acetylcholine receptors in the brain that controls respiration and breathing and heartbeats. And as the venoms attached to those, it suppresses the body's ability to breathe and contract the heart, leading to respiratory failure.

And then they said this, "What's interesting about that is the spike proteins target ACE-2 receptors." And I have heard people talk about this the whole two and a half years. I've heard medical doctors galore talk about the fact that the spike protein which is attached to a coronavirus that we're all breathing in is getting into the lungs and the spike protein is inserting into the ACE-2 receptor in the lungs, getting into the lung cells and causing an infection that way. Do you know what's amazing about the French study? They actually say in April 2020 that the ACE-2 receptors don't exist in the lungs. They're only in the brain, the heart, the kidneys and your intestines.

And this is when they said, "If this is a respiratory virus, we would expect to see smokers lined up in hospital beds around the world but that's not what we're finding. We're finding the least hospitalized are smokers, there must be some benefit of nicotine in smokers getting to the brain to these receptors and the nicotine supply in the body

has a higher affinity to the nicotinic acetylcholine receptors and is not letting the venom spike proteins attach to them." They even say in the study that not only does nicotine bind to nicotinic acetylcholine receptors that with the highest affinity for those receptors, it's nicotine, it wants nicotine, it's built to take nicotine. They also mention in the study that reports around the world in April 2020, we're talking two years ago. They said there're reports coming in from around the world that ivermectin is stopping the replication of SARS-Cov-2, the virus, and stopping the disease process of COVID-19. And the scientist in France said, "Right underneath all the mentioning of the nicotine binding to these receptors, this is very interesting."

In light of the fact that ivermectin binds to alpha-7 nicotinic acetylcholine receptors in the brain stem. Nicotine -- the human body has an affinity to bind nicotine to these nicotine acetylcholine receptors that control smooth muscle contraction. The second highest affinity is ivermectin, the third, fourth, fifth would be the venoms that we're finding in these COVID-19. So, when I read these studies I was like, "Oh my g- This explains so much." Number one, if ACE-2 receptors aren't in the lungs which these scientists said they're not present in the lungs, they're calling this a lung disease, a respiratory virus going into our lungs. I already proposed, even by the time I got that deep into the study, that these are actually just weaponized snake venom peptides that they're somehow getting into our bodies and no different than if you got bit by a snake.

The only difference is the snake would have a higher concentration of venom and a compilation of their components of venom than it would be if you were exposed in water or in air, if you breathe it in, it's gonna be diluted in those mediums. But not if you concentrate it in a snake and puncture it right into your skin, you get a much higher dose of the venoms there, it's way more problematic and life-threatening.

Jonathan Otto:

Yeah, and it's bypassing all the natural ways that your body would counteract that.

Dr. Bryan Ardis:

Of course.

Jonathan Otto:

Right? So, your body will actually produce- Basically, it would work to produce anti-venom that because you've ingested it's going through the digestive tract, all this kind of thing if it was digested and your body's seeking to get rid of the poison.

Dr. Bryan Ardis:

And I am still convinced we're digesting it, I actually believe they're actually doing it through the water.

Other medical doctors are convinced it is- The weaponized by proteins are weaponized venom peptides attached to a respiratory virus and floating in the air. Where the weapons coming from doesn't matter, it's the weapon because my whole intended bringing this to the world was just like the French researcher said, "We're begging-", they said in April 2020. They were begging governments around the world to do nicotine agent studies using patches and gums with people around the world to see will nicotine from those agents protect people from COVID-19 and these two spike proteins that look like venom, will those work as well as it appears smoking is working for the smokers? Well, the only difference was the rest of the world and the governments and powers that be decided to lie to the entire world as soon as that study came out.

And they said, "It is proven now that smokers are more hospitalized and dying from COVID-19 than any other demographic. There's no better time than now, America, to quit smoking." And they just pumped that out nonstop in the media, every newscast, every article, everything was written about, "You gotta quit smoking."

Which was awful because that's not what the research scientists were saying out of France. You correlate that with the Italy study and oh my goodness.

The French research scientist and geneticist and the Chinese scientist in January 2020 said it was only two venoms from two snakes and they both came up with the same one, Chinese krait venom, Chinese king cobra venom. But the Italy study when they ran blood, urine, and feces of COVID-19 patients versus blood, urine, and feces of non-COVID patients from multiple cities in Italy, two months later after the French study was published, when they ran the blood, urine, and feces, they didn't find just two venom components from two snakes.

They found 36 different toxin-like peptides identical to venoms of multiple creatures, 20 of them were 20 different snakes and they actually identify exactly what component of the venom it is.

Jonathan Otto:

Yeah, exactly. And for example the Eastern brown snake, there was four different types of Eastern brown snake. So, several species within the 20 different types of venoms but multiple venoms of even one particular creature which shows the ability for them to be able to determine and see what- look at what they're - to be able to trace what they're

looking at because they're basically, from my layman's understanding, one snake can produce different types of venom.

And that's what they were observing, they had a different amino acid chain length, different aspects but it was completely... well not completely, almost identical to the venom from the animal.

Dr. Bryan Ardis:

Yeah. And what's interesting about the actual study is they ran it only for the first 36 is what they published. These are the first 36 venom peptides we isolated and identified.

Jonathan Otto:

So there's more?

Dr. Bryan Ardis:

So, there could have been more, they only published the first 36 which was 20 different snakes, 16 different shellfish venoms from the ocean.

Jonathan Otto:

Yeah.

Dr. Bryan Ardis:

One was Crown-of-thorn starfish venom.

Jonathan Otto:

Yeah.

Dr. Bryan Ardis:

And people on land who had COVID and then 15 conotoxin venoms.

Jonathan Otto:

Some of them were like the California Pacific cone, these were people from Italy. Did they just travel to California? Why was the Uruguayan coral snake in them, the Chinese spitting Cobra? Did they go to China? Do those Chinese cobras just go around their streets and they got bit but they didn't realize they did? There is no other way to explain this, this is the smoking gun.

Dr. Bryan Ardis:

It is for me.

Life-Saving COVID Treatments Recommended by Experts

Treatments for Envenomation

Dr. Bryan Ardis

Jonathan Otto:

Dr. Ardis, let's talk about some of the things that we were just talking about with the nicotinic acetylcholine receptors. We're talking about the different types of cone snails and how they target various organ function. So, you were saying about getting the venom out, and so you were talking about using NAC and vitamin C, glutathione. And NAC and glutathione are part of the same package deal?

Dr. Bryan Ardis:

Right.

Jonathan Otto:

So, for example, if you can't get NAC, then glutathione, right?

Dr. Bryan Ardis:

Absolutely.

Jonathan Otto:

Or vice versa even. They're kind of in the same vein, but one is the precursor to the other, right? NAC is the precursor to glutathione, correct?

Dr. Bryan Ardis:

Absolutely.

Jonathan Otto:

And there's other things CDP choline, is that a precursor to glutathione?

Dr. Bryan Ardis:

No. CDP choline binds to nicotinic acetylcholine receptors also, and helps to remove toxins, poisons that are tied to nicotinic acetylcholine receptors.

Jonathan Otto:

Interesting. And in that line of thought, could you just use CDP choline instead of nicotine? Could you just go, "I don't want to use nicotine. I'll just use CDP choline"?

Dr. Bryan Ardis:

No. That's a great point, actually. I would never tell anybody to use a nicotine agent their whole life, like every day, but CDP choline you could. Choline is phenomenal. Choline increases the synapse transfer of information between every nerve in your body. So choline I have used for literally 2 decades now with patients to improve neurological function. Every day you can use it, supplement it.

Jonathan Otto:

What's it from?

Dr. Bryan Ardis:

Choline is actually a derivative from nature. All plants contain choline. Vegetables, fruits. So, anyway, it's an extract from those.

Jonathan Otto:

From various plants?

Dr. Bryan Ardis:

Mm-hmm.

Jonathan Otto:

Great. It's that certain aspect, because all plants produce fulvic, for example. That's an extraction of that.

Dr. Bryan Ardis:

Right.

Jonathan Otto:

The nutrient density of that particular component.

Dr. Bryan Ardis:

Exactly right. So, I would recommend CDP choline to actually improve neurological function; in fact, Dr. Deb Viglione out of Florida is an internist. She was dealing with brain fog for a year and a half now after having COVID the first time. When she started using CDP choline, all of her brain fog disappeared, which is phenomenal. The body would've let go of venom or the actual of any other toxins or poisons that bind to the nervous system and would've gravitated to CDP choline. If she would've used nicotine, it would've actually preferred nicotine over that. The body designed by God is actually set up perfectly at those receptors to bind and prefer nicotine over anything else. So it will always prefer nicotine if it's in the presence of the nervous system over anything

else that's present. But CDP choline is one of those things that will actually gravitate to it and pull it. So is Ivermectin by nature. Ivermectin is a molecule. It binds to alpha-7 nicotinic acetylcholine receptors, which is most likely why Ivermectin was so beneficial for so many people with COVID-19, because the body would've released the venom peptides, or what they call the spike proteins. When the body would've released that, it would've gravitated to Ivermectin. If the person actually took nicotine, it would've let go of the Ivermectin and grabbed nicotine.

Simple, Effective, and Accessible COVID Treatments

Dr. Dietrich Klinghardt

COVID is designed to... it's biological warfare. It's a virus that was designed or a method that was designed to bring a whole population down, to weaken the population. It was never designed to kill people because they could have chosen other methods with that. It was chosen to take a population down, make it weak, make it tired so there's no will in the people to rise up and to fight and to do all the things that are dangerous to a few people that makes people alive, it was supposed to take people down.

I firmly believe that the early crisis where so many people died really not from the illness but from the hospital interventions. That was unintended. It was supposed to be sneakily getting people sick. And that's what we're seeing now. The acute reactions are pretty much over. People get, yeah, they get 4 or 5 days severe fatigue when they have the worst case scenario, but they don't get the shut down of the lungs anymore. That seems to be over.

But this virus is not going away. Once you have it, it integrates into your DNA, and then just like the herpes viruses, and whenever your immune system or your mood is down, it replicates and perpetuates the illness. And so what we see now is, in the general population and major population, a decline in their health that is related to this that can absolutely be treated and stopped by doing just a few right things. And the most important right thing is assume that this virus is alive and happy in you, and propagating, and that you need to use some antimicrobial strategy to tame it. And that probably that antimicrobial strategy will have to be for life. Maybe not every day, but there should be periods of over and over and over treating it.

When we use our manual muscle testing method, which is like putting a microscope on it, we find that over 80% of the population now carry this creature, whatever it is, and it's alive and happy in us...

Jonathan Otto:

It's a parasite. You think it's a parasite?

Dr Dietrich Klinghardt:

Well, it behaves like it. But I still believe it's a virus, or it would fulfill the criteria of a virus. Yeah, we know it has a tail of retrovirus on it, attached to it. And I know people that have been vaccinated, there's other things that come with the vaccine that need to be treated in addition. But my advice is anybody who can truly say in the last 2 years, their health has gotten worse, whether it's the eyes, the tinnitus, the brain function, the swallowing, the heart, the exercise tolerance, whatever it is, assume it's this creature in you, and it should be treated like a viral infection, but with the items that we found collectively that works. There is berberine, and there is luteolin. There is a number of plant-based things that work beautifully. There is the things that I mentioned for the more aggressive forms of it.

And what I like to warn people about is being complacent and just kind of sitting there waiting on us until it's over. It's probably not going to be over if you don't do anything, yeah? Ozone injections are great, intravenous ozone therapy is fantastic, rectal ozone therapy also works but to a lesser degree, chlorine dioxide is fantastic. There is simple ways of dealing with it that we didn't discuss, but I like to just- People, don't be complacent with this thing. It's a serious bug. It's designed for taking you down. Don't cooperate with it. Rise up. Find out what works for you, and get well. That's my order. Okay?

So, COVID reactivates infections that were preexisting before COVID, such as Epstein-Barr, glandular fever, the other name for it, but also all aspects of Lyme and co-infections. People may have had a mild course of Lyme disease or not even know that they had it, or Babesia, Bartonella, all those confections. And they typically target the cranial nerves, they're picking 1 or 2 of the cranial nerves, and loss of pharyngeal, vagus, and the facial nerve are the most well-known one but could be any 1 of the 12 cranial nerves. And so that may have been silent in the background, now you get COVID, and those infections suddenly have a bloom, a blossoming because parts of the immune system are knocked down with COVID, and so now these other infections flare up.

And so in this case, just the few details that you described, I am suspecting just Lyme disease gone wild in the people, so I would look for that and then include that in the treatment. I mean, I can say here that that supports the theory that the latest mutations of COVID, we're not just dealing with the typical virus because this latest mutation has responded absolutely beautifully to Zithromax. Zithromax is an antibiotic that typically is

supposed to treat only bacteria. Why would it treat a viral infection? Strange for us physicians...

There used to be pretty clear demarcations between what's an anti-parasitic and what's an antiviral or what's an antibacterial. And I know the very first published treatment for acute COVID was from Didier Raoult, one of the leading French virologists, he published it in January 2020. His treatment was hydroxychloroquine plus Zithromax plus zinc. And it was beautiful, it was a beautiful treatment. And then of course, the institutions that were hijacked by the dark forces, so then repeated the study and what did they do? They gave people hydroxychloroquine and showed that it was very little effective. Well, Raoult's study was hydroxychloroquine plus Zithromax plus zinc. And then all the follow-up studies left those 2 parts out, right? But the Zithromax was part of the working program, and through my contacts, we estimated at least a little bit over half a million people we put on that program. And none of our people died. None. Half a million people, yeah.

Jonathan Otto:

Half a million people?

Dr Dietrich Klinghardt:

... through our contacts. Yeah.

Jonathan Otto:

Through all your practitioners?

Dr Dietrich Klinghardt:

Yeah. Worldwide, yeah. But back to the Zithromax, now this is 2 1/2 years into it, we're back to the Zithromax where the current mutations respond beautifully just to that. We throw in a few of our herbal things and the other things that we've developed. I've developed myself some herbal cocktails. There's a company I'm advising BioPure US, and they have a cocktail called Vital-9 that has been absolutely fantastic for covering all aspects of COVID. Same thing in England, it's called Andrographis Plus.

Since my thesis, my thesis I studied 2 compounds, one was a medical drug and the other one was an herbal compound for the treatment of vascular problems that come piggyback on all the immune diseases. And I like to sort of get close to the end of our talk here. So, one we actually studied snake venom, and there was a plant extract that had the same or similar peptides in that was common to many snake venoms, and the extract was called reserpine. It doesn't matter, but the other drug that we studied was

called Trental or pentoxifylline. And that drug or both of them increased the microcirculation in the brain and in the periphery in the hands and feet.

And now we discover- Of course, I kept it always in the back of my mind, and now when the main symptom, the most consistent symptom of long COVID but also of the vaccine damage, is the brain fog and the loss of memory quality. And that's when I remembered, and the plant extract is not available anymore, but the Trental, that drug is available. It's very inexpensive, the pentoxifylline. And so put people on 1 pill, and within a few hours, the brain fog lifts and back close to normal. It may take 3 weeks or so for total recovery. But when the COVID has been under control, and let's assume it has in most people that we encounter, we have a test for that, whether the virus is still active or not. But let's assume you're past the virus also, then this drug clears out the brain like nothing else that's out there right now, and it's inexpensive. It's called Trental, it's a 400 milligram tablet, takes 1 or 2 tablets a day. It does the trick.

Jonathan Otto:

Trental. And people can just get it. Do they have to get it through a practitioner?

Dr Dietrich Klinghardt:

Yeah. It's a prescription item.

Jonathan Otto:

Zithromax. Do you think that Trental and... Say it again.

Dr Dietrich Klinghardt:

And Zithromax, yeah.

Jonathan Otto:

Using that, do you think for even vaccine injury would be helpful or not?

Dr Dietrich Klinghardt:

Oh, absolutely. Because the vaccine injury always involves that you still have living viral material and that they kind of propagates and stuff, and Zithromax has a fantastic effect. We also use Pepcid AC has been published for stomach ulcer, antihistamine, it's fantastic to bring the viral load down. It's very inexpensive, only 5 bucks a month for that. It's 80 milligrams twice a day as an antiviral. An antihistamine have been huge antiviral effects. So if people just call me and kind of say, "Dr Klinghardt, I was your patient 8 years ago or so, I've just went through COVID..." Or the usual story is, "I had the vaccine and now I had COVID twice since the vaccine. And I'm feeling like shit, what should I do?" And I say, "Okay, you do a Z-Pak, that's a five-day course of Zithromax.

You take 80 milligrams of Pepcid twice a day. That works beautifully antiviral. And you can do that for fairly long time months, if you have to. And you take Trental 400 milligrams once a day. And then call me in 2 weeks." Most people are a lot better after 2 weeks.

Treatments For Long-COVID & Post-Vaxx Injuries

Dr. Elizabeth Lee Vliet

Dr. Elizabeth Lee Vliet:

We do have the Vaccine Injury Treatment Guide on our website and I will ask our webmaster to immediately make that more prominent.

Jonathan Otto:

Great. And perhaps, let's go for Long Haul Treatments. Here. [Click here to view slides.](#) This is from Dr. Mangat. She is, he? She?

Dr. Elizabeth Lee Vliet:

Dr. Mangat is on our advisory council. And he and I, and others on our advisory council have worked out an approach to treating the long term complications, not only of COVID illness, but also of the vaccine. Now, this is a detailed medical presentation for physicians and laypeople, and then our Vaccine Injury Treatment Guide is for laypeople in layman's language.

Jonathan Otto:

Wonderful.

Dr. Elizabeth Lee Vliet:

I wanted to say that, in our Vaccine Injury Treatment Guide, we have a list of the imaging studies, like you're seeing pictures of in this presentation. We have a list of the detailed treatment and imaging studies for diagnostic evaluations so that people can take that list and ask their doctors to order those tests, and then one of the things I want you to go to is Programs, real quick.

Jonathan Otto:

Sure, please. You guide me.

Dr. Elizabeth Lee Vliet:

The Medical Freedom program. We have our legal defense grants, and for this, it's been focused right now, predominantly on the military service members because they are the

most vulnerable and we have been going to the mat helping to defend their rights and their freedom. This is where we really need donors to step up and help us. In addition, what I want to also point to going back to the programs. Let's take a quick look at another one, and then Medical Freedom/Censorship Defense Fund, then look at under the Program tabs, Health and Resilience. It should be under Programs.

Health and Resilience. In this section, we have practical tips for healthy body, healthy mind, and healthy spirit. And we also have a huge amount of resources for people to review in videos and scientific studies on what NASA calls the universal antidote, which is chlorine dioxide and how it is one of the most effective biocidal agents and that anyone has ever identified.

I encourage people to study this. Physicians cannot recommend it for treatment legally because it's not FDA approved, but NASA uses it. The Environmental Protection Agency recommends it. It's used in food processing to decontaminate produce. For example, it's used in hospitals to decontaminate hospitals and medical equipment. And yet, the government prevents patients from having access to it. So, what our position is, is that this is an educational resource we are providing. Our team has put all the scientific resources together. We have some confidential researchers who have worked on compiling the medical research, and we have put this together as an educational resource so that consumers can look at what the government is hiding and what they are blocking and make your own decisions with informed decision making based on the accurate science. I mean, when the National Aeronautics and Space Administration says, "This is the universal antidote." And the Environmental Protection Agency says, "There are no known bacteria, viruses, fungal, or any pathologic agent that are resistant to chlorine dioxide," it seems to me, this is something that people need to know about.

What's really exciting about this. I tell you what, Jonathan, show people how to quickly put in your name, your email, and get access to download this. It's a 20-page booklet, but the nice thing is it's really easy to use.

I write things to make it available for laypeople, make it accessible. You saw the example of the medical presentations and the quality of that, that we do, and then we take this and we make it simpler for laypeople to have a practical guide. And so- Now, here we go. You can download our fact sheets, our hemorrhagic fever fact sheet, CDS is chlorine dioxide. There's the Vaccine Injury Treatment Guide: Your Roadmap to Recovery. Literally, and you'll see that Lt. Col. Dr. Peter Chambers has assisted in this. What we have done here is show you literally a roadmap on how to use the guide. This is our goal to make things really accessible for the public. It shows all the fact sheets.

We have the information on what these are, how they're different, again, very simple. And then we go into, how do you get tested?

Jonathan Otto:

Like D-Dimers, things like this?

Dr. Elizabeth Lee Vliet:

Exactly. Look. Next coming up is the page of all the lab tests, and I'm doing these for my patients. So, I use all of these approaches so that when I do an evaluation of a medical patient for vaccine injury or most anything, I'm looking at all of these inflammatory markers, these infectious antibody markers, then we know exactly what we're treating, and people can take this list to their own doctors. Now, your doctor may complain about it, but you are the patient. And if you can't get your doctor to do it, then go online to request a test and order the ones you can order yourself. Here are the specialty testing imaging studies, for example, that we are using. And, I use those. And then we go into what are the foods and supplements? What are the goals of treatment? It's really very common sense.

Jonathan Otto:

Awesome. And then here we go. So, Vitamin D3, Vitamin C, Vitamin E, fish oils. These are all things that you'd recommend to reduce inflammation. Monolaurin, which I'm not familiar with, Resveratrol.

Dr. Elizabeth Lee Vliet:

It's derived from coconuts.

Jonathan Otto:

Okay, amazing. Blackseed extract. Sativa.

Dr. Elizabeth Lee Vliet:

Chondroitin sulfate. Yes. People use that for joint, arthritis, but it also works in this -

Jonathan Otto:

Same family as MSM?

Dr. Elizabeth Lee Vliet:

Well, chondroitin's sulfate is just ester that binds to help it get into the body. Chondroitin is used to help build collagen and repair DNA damage. And so, it's been years- Osteo Bi-Flex is a product people have used for arthritis for years, but chondroitin sulfate is part of that and then it also helps repair the damage after the COVID shots.

Jonathan Otto:

I'm glad to see you using bromelain. I see a few people talk about this and how important proteolytic enzymes are to break down spike proteins, serrapeptase, papain, as well. But bromelain, I've actually had multiple doctors talk to me about how it's their choice.

Dr. Elizabeth Lee Vliet:

Yes.

Jonathan Otto:

There you go. Sulfur, found in MSM. So, yeah they're- Great. Now... I think you just tell me if there's anything else you want me to see here...

Dr. Elizabeth Lee Vliet:

Well, I want people to see how we've organized this, that there's a lot of overlap. Many foods, for example, are immune boosters, neuroprotective, anti-inflammatory and antioxidants. But we have organized it by category immune boosting, neuroprotection, anti-inflammatory, reducing risks to blood clots. And so, that way you can see how different foods have multiple effects and why the importance of a healthy diet is so helpful. This way, it's an organization that helps make common sense to laypeople that they can look at, "Okay. I can actually use this as a shopping list to do some of the things that I can do myself and I control."

So, this is our guide and it's all based in peer-reviewed medical science. I'm using these approaches in my own practice. I know they work and these are safe options. By the way, scroll back real quick. Let me show you something. For all your listeners, go and download this guide because here's a research paper that shows how the nanoparticles are shed from the human body that can affect others around you. This was in a research paper and they're denying that shedding takes place. But yet, here it is in a research paper that the Chinese researchers published years before the vaccine rollout.

It's in the Vaccine Treatment Guide, that one, and then right above that is a chart that I put in there from, again, a published medical paper right there that shows all the damage to the ovaries and testicles that was published four years before the shots came out. So, people need to understand, they knew this and we show it in the medical studies that we reference and put in our educational materials. So, if you don't access our educational materials, you're going to have a hard time getting help. If you access our materials and look at what you can do, look at what you can push your doctors to

do, then you can get better. This is your roadmap to recovery. Use it. Doesn't do any good sitting on the website, so take action and use the resources we've created for you.

Jonathan Otto:

That's amazing. I was just going to say, Dr. Vliet, Dr. Bryan Ardis has obviously, his belief on what he thinks is happening. I can see value in that, but the treatment methods, to me, they all go hand in hand anyway. For example, if someone's using nicotine or another colleague of mine is doing fasting with serrapeptase, doing 3-day water fast. To me, these all go together.

Dr. Elizabeth Lee Vliet:

Well, they do, Jonathan, but let me make the point. It's not a one-shot, one-size-fits-all. There is no magic bullet for this. It takes an integrated approach and properly, people should be evaluated for what the problems are and then, treat accordingly. I never recommend a one-shot approach. I never recommend one thing. I'm always looking at an integrated approach for people. And so, I don't want people to think that you can pick one or two things and that's gonna fix all the damage of COVID long haul, COVID illness. Epstein-Barr Virus, for example, and it's not gonna fix the problems of the multiple organ damage and multiple pathways of damage medically in your body and your brain. They're coming from the experimental COVID shots. You've got to take an integrated approach and that's what we've done here.

It works because if you go back to the very beginning of the Vaccine Injury Treatment Guide, where I put the classes of damage- Keep scrolling and I'll stop you when you get to it. We're coming up on it. Let's slow down. Go ahead, move forward. The classes of damage, I think we may have passed it.

Jonathan Otto:

Let me see. But I see the point that you're making and I really do appreciate you giving this distinction. So people kind of, like basically you're at a crossroad, you're choosing your path and according to what the problem is for you.

Dr. Elizabeth Lee Vliet:

Whether we are talking about diabetes, whether we're talking about rheumatoid arthritis, lupus, COVID, vaccine injury, COVID shot injury, other vaccine injuries, or snake venom proteins. The point is the classes of damage - There you go. Right there. Our goals of treatment, the damages, inflammation, blood clots, damage to the immune system, damage to the oxygenation at the cellular level, and damage to the entire nervous system. The goals of treatment have to address all of those in an integrated way for people to have an effective roadmap to recovery. That's the key point that the consumer

needs to understand. You cannot drive a car by just fixing one part of the engine. If you don't have a carburetor that works, you can't put gas in the gas tank and drive your car. Well, you can't use bromelain or you can't use one or the other of the various supplements and expect to fix everything that was just damaged with the experimental COVID shot.

So, that's a critical point and that's the mistake that I see being made a lot that people think, "Oh, well I can just take more Vitamin D," or, "I can just take melatonin," or, "I can just take X, Y, Z." It doesn't work that way. You need to put the pieces together.

Dr. Vliet's COVID recovery guide can be found here:

<https://aapsonline.org/CovidPatientTreatmentGuide.pdf>

Dr. James Neuenschwander

So, I'm using Ivermectin as sort of the backbone of what we use. We use a lot of Ivermectin. I'm actually having a fair amount of success with fluvoxamine. That seems to be wonderful for the people that have a lot of the psychiatric symptoms. And then, things to shut down the inflammation. We have some tools now. You have the long-haul COVID panel that you can order. So, it will actually tell you which one of the cytokines or chemokines are elevated. And then you can try and target that specific element. So, both with medications but also with natural methods.

So, there are herbs that will help lower Interleukin 6. There are things that will help lower TNF-alpha if that's what's elevated. So, we're trying to use the whole spectrum. Just a shout-out to the FLCCC because they have a whole long-haul COVID protocol, and they keep updating it. So, a lot of what I do is based on their information, and then again, my knowledge of sort of the nutritional side of things as well.

And then, we use hyperbaric oxygen. We use a number of IVs. We use high-dose glutathione. There's other things that are coming to bear that say, "Yeah, this can help with these syndromes." And I'm not pretending like I'm curing everybody, but we can certainly help people move forward and start getting on that road to recovery.

The website is covidlonghauers, with an s, dot com, so covidlonghauers.com. And you can just click on the little box that says, "I am a patient," and it will allow you to order the test. And then for a fee, the test itself I think is around \$350-\$360. But once you get the results of the test, that same website, you can actually have a consultation with one of their doctors.

So, yeah, if you go there- Yeah, so fill out the form below to register. So, you fill out that form. I mean, they've been very busy so the rate-limiting step is actually the time it takes them to respond to your email. But once they do, they ship you out a kit. You just have to find somebody that will draw it for you locally. And then once that gets shipped to the lab, it's a week or 2 to get the results.

So, it's been very helpful because it documents that there is a problem. It's not just all in your head, you actually have elevated levels of these cytokines/chemokine. And if we know what they are, then maybe we can do something about it.

Jonathan Otto:

And that would be, even if people had an adverse reaction to the vaccine, they could do something like this?

Dr. James Neuenchwander:

Yeah, because it turns out that the adverse reaction to the vaccine is very similar to the long-haul COVID pattern that we see. So, there's a big overlap there, and it's such a helpful test for almost anybody that has chronic inflammation or chronic immune activation. Because you can document it, you can see what your targets are, and then you can revisit it, repeat the test down the road and see, "Are we making progress or not?" It's very helpful.

Jonathan Otto:

And you still have some people have some major turnarounds from having either long-haul COVID or COVID vaccine injury?

Dr. James Neuenchwander:

Yup, we have both of those.

Jonathan Otto:

Even COVID vaccine injury, you've seen people have remarkable turnarounds?

Dr. James Neuenchwander:

Yes. Again, to take somebody that sort of can't leave their house, their lives are ruined, they're just a mess. I mean, they have pain.

Jonathan Otto:

What kind of symptoms? What kind of symptoms these people that you've personally seen reverse their symptoms?

Dr. James Neuenchwander:

So, one is just the whole fatigue, joint ache, muscle aches, that sort of myalgic kind of stuff. The second is all the brain stuff, brain fog, anxiety, panic attacks, they're just labeled as crazy because they have all these psychiatric symptoms, but it's from brain inflammation. So, sometimes we can turn that around with Ivermectin. Sometimes you turn that around with a steroid burst. Steroids have been very helpful. I don't know why the mainstream doesn't use them more.

I mean, as an integrative physician, I hate steroids. But for this, it actually works. So, you're just trying to shut down the inflammation. So, those are the big things we see. The neurologic stuff like the weakness and the fasciculation is more difficult because a lot of times by the time people show up at my office, they actually have damage to the nerves. So, it's not just that they have inflammation, but the nerve itself is actually damaged. It takes much longer to recover that. These people are improving, but it takes much longer to get strength back, to get rid of those fasciculations.

But the brain stuff, the brain fog, the psychiatric symptoms, the fatigue, the muscle, and joint pain, those are the things we can turn around.

Dr. Bryan Ardis

If you can't breathe, can't have control of your diaphragm, your heart's been affected by COVID or the shots, and you're experiencing long hauler COVID symptoms, your whole life's affected. Your ability to exercise, walk upstairs and have to stand there and try to catch your be breath. I hear this nonstop from people who got COVID two years ago. My wife was one of those. Sense of taste and smell had not returned in two years at all. After three months of hearing medical doctors report back to me from around the world that their own long hauler or COVID symptoms have all disappeared since chewing nicotine gum, she's like, "Honey, I think I'll try it." So she did. She said, "What should I do?" And I said, "I would take two milligram tablets of nicotine gum. I would chew it for 10 minutes and then spit it out and do that four times a day."

Jonathan, on the third day, all of her sense of taste and smell returned. And this is the beauty of watching the body work on its own. God designed this thing to be miraculous. So whatever poisons, toxins, venoms, spike proteins, whatever you wanna call it, that binds to those nerves that control the sense of taste and smell and hearing, there's something miraculous. My wife has had tinnitus also for decades. All of it went away when she started chewing nicotine go. She actually developed tinnitus since getting the flu shot in college. She also developed narcolepsy, which is another neurological issue where she would just fall asleep all the time for decades.

That disappeared years ago, after some other things that happened, but the tinnitus never left until she started chewing nicotine gum. So, this could be something that's been long standing that there's poisons, toxins, adjuvants, venoms, possibly in vaccines this whole time. And they're binding to and not letting go of these receptors. And the moment that the body recognized that in my wife has never put a nicotine product in her body ever. The moment she did it, within three days, tinnitus disappeared. She dealt with it for decades, her taste and smell returned, which is phenomenal.

Now people have told me, even today here at this event, that when they started chewing nicotine, all of their symptoms of long haulers COVID taste and smell that was gone, all returned. All of it came back. And then when they stopped the nicotine, like a week later, the symptoms started to come back and I said, "Are you doing Vitamin C and NAC?" And they said, "No." I said, "You have to do that because venom doesn't leave the body for up to 10 years. So, once it let go and was circulating in your body and nicotine was bound there, the moment you stopped the nicotine, if you're not denaturing the venom using NAC and selenium and Vitamin C or glutathione supplementation and Vitamin C, then it's gonna be very, very hard and you're gonna have to do nicotine longer than you think you need to." But it is a miraculous thing that has improved the lives of so many people worldwide. And that, to me, has been the most rewarding thing so far.

Detoxing From The Poisonous Gene-Editing Vaccines

Dr. Bryan Ardis

Drug manufacturing biological weapons labs have been synthetically making venoms from all kinds. Bee venoms, spider venoms, scorpion venoms, and they're using this in pharmaceuticals, fertilizers, aerosolizing this stuff. They've been doing this for decades, actually, but they mass produce these in factories around the world.

And they're using them as drugs. They're using them as drugs. Anti-cancer therapy right now by Genentech? This company has 7 patented drugs that actually are derived from snake venom. So, easily, you know even if there is a benefit to snake venom, you know logically, we all know, venom has a very negative impact on all mammal tissue. Most life, actually. It's designed to destroy, and predigest the components of the prey. That's what it does. In fact, the snake venom phosphodiesterase that the actual makers of the COVID-19 mRNA shots used in all their mRNA gene editing therapy since 2009, that snake venom phosphodiesterase is a component of venom in snakes that actually

predigests the organs internally, which causes organ failure and then the snake doesn't have to digest the food all on its own when it consumes it. It's a tissue digester.

So, whether or not human beings have figured out how to isolate this component and actually specifically target DNA or RNA in the human body to do mRNA gene editing therapy, like they suggest they do in research studies, I absolutely am convinced they have not figured out how to control that poison or that toxin, and this is why you're seeing the myriad of side effects of the COVID-19 shots that absolutely perfectly mirror all of the side effects of envenomation in all humans ever in history.

Jonathan Otto:

So, you're saying that various different types of symptomatology that is coming across the board from all different things, we can link them back to envenomation, a vast majority of them, no?

Dr. Bryan Ardis:

Yes.

Jonathan Otto:

I mean, some of the things we know are caused by simply poor eating choices or something like this, right?

Dr. Bryan Ardis:

No. I'm talking about the adverse events reported from the COVID-19 shots... are exact mirrors of envenomation by snakes or conotoxins. Or scorpion venom.

Jonathan Otto:

Exactly. Various different types of venoms and various different types of extractions. I remember, yeah, looking at some of these articles and looking how different types of cone snail venom does different types of damage to the body, targets different organs. So, it really, I mean, my guess is that it really does, when you look at the fact that, well, if you have kidney failure, you go to a kidney specialist, you go to a dermatologist for your skin, and so naturally it just spreads everything else out. Everyone's looking, "Well, I'm an expert in skin. I have no idea what's causing this." Because really if you had a venomics expert, then they would be the one that would really understand the process, but they covered their tracks really good, right?

Dr. Bryan Ardis:

Absolutely.

Jonathan Otto:

Do you think that that's part of it?

Dr. Bryan Ardis:

Oh, yeah.

Jonathan Otto:

Just to do the most amount of damage-

Dr. Bryan Ardis:

Sure.

Jonathan Otto:

... as well? So use all the different... Why didn't they just use one type? It's the most lethal. Why'd they use 36 in one study? By the way, did you guys find anything from what you're digging away at inside the vaccines?

Dr. Bryan Ardis:

So, the vaccines have not been evaluated under mass spectrometry yet by the lab we have them to. They've first, actually, started breaking down, and they've already published this information. There's 3 things we sent off to labs to have evaluated. One was the blood clots being pulled from people who have died after getting vaccinated for COVID. Those blood clots have been extracted by an embalmer named Richard Hershman, and he brought me all of these carotid arteries, all these venous arterial clots that he was preparing bodies for burial. He brought all those clots to me. One of the things we want to know was what are these clots made of? Well, Mike Adams is who we sent these to. He actually has three mass spectrometry devices, did the evaluation and breakdown of the clot material to find out that the components that they're made of are not blood, actually. There's no way these are blood. So, he actually corrected that a couple weeks ago and said, "You can't call these blood clots anymore. Their makeup isn't consistent with the components nor their levels found in normal human blood."

So, for example tin, the metal tin, T-I-N, was 6 times the amount in the blood clot material than what's normally found in human tissue. That means whatever is driving the clot formation is pulling metals from all around the body into the bloodstream where it doesn't belong. Tin, calcium, sodium, magnesium levels, iron levels, all of these were not at the same levels nor even close to what we typically find in human blood.

The second thing we're going to be evaluating for and testing for is Remdesivir. I want to be able to have conclusive evidence of what's in that drug and what's its makeup. So we're doing that now. We'll have those results here this month. Then he's also got all 3 various lots and multiple lots of each of the 3 manufactured COVID-19 shots, including Pfizer, Moderna, and Johnson & Johnson. And we want to know what's in those shots, and we have a list of about 70 different components we're looking for. What I'm actually suspicious of... People ask me all the time, "What if they don't find venom in the vaccines?" My answer always is, "I'm hoping I find that only sodium chloride is in them."

Jonathan Otto:

Because then it's a placebo.

Dr. Bryan Ardis:

Because then they're all placebos. At least the ones that we've actually sent off. Which means if there's no other material inside of them but salt and chlorine, which is sodium chloride, if that's all that's in there, then this entire agenda is a sham. Even if I don't find that the lots I supplied have actually venom or peptides or toxins or poisons in them to cause all the serious adverse events and deaths you see, if there's some of these manufactured and distributed vaccines that don't have anything other than saltwater in them, you know the whole plan is a scam, the whole thing.

And then you and people around the world need to actually ask the question, why would they force you to get a saltwater injection, which does not promote increase in immunity against anything? Why would they force you to get that shot to keep your job? Why would they force you to get that shot to allow you to travel if it provides no immunity benefit at all? Which sodium chloride would just be a placebo shot.

I am not alone in believing that the lots that they are passing out around the world and the batches of the various vaccines are different in their makeup, which would help to hide worldwide the global agenda, which is over time to weed out or cull the herd of human beings over a specific time period. If they actually poisoned everybody with the shots, and they all died at once, it would be very obvious what the agenda was. So, I'm not alone in this. I also think they're doing it with medications, even with Remdesivir. I don't think all of the lots are the same or all the batches are the same, and this would be a great way to cover it up and make it very confusing to prove.

Jonathan Otto:

Amazing. True. Now, in some of these cases where people are what we, you and I, believe to be envenomated through the vaccine and they have all this clotting, and their arteries have filled with clots and all these kinds of things, there are cases like this that

to me are very frightening and daunting. Is there a way- obviously, we're warning people not to do it, but people that have done it in these situations, we're talking about nicotine, we're talking about different treatments. Can we help someone at that point or is it too late for them?

Dr. Bryan Ardis:

That's a great question. So when I brought up a little bit ago about the snake venom phosphodiesterase, this is an actual component in snake venom that was being used since 2009 in every research study by the 2 people that created these mRNA shots. They used it in their research to cleave or cut your RNA and DNA to insert an mRNA. And that's what they've been paid for solely funded by Anthony Fauci in his NIAID Department. I go through that in my interview with Mike Adams and show all the documents. Snake venom phosphodiesterase. I actually showed on that presentation also there's a company online right now called Innovative Research. Type it in and search it. Innovative Research. And then type these words, snake venom phosphodiesterase. Phospho is P-H-O-S-P-H-O-D-I-E-S-T-E-R-A-S-E, phosphodiesterase. Or just type in Innovative Research snake venom, hit search. Doesn't even matter what search engine you're on. First thing that comes up is the page where they're selling this component. The manufacturer is Innovative Research, in a little bottle. It's \$133. It actually says, anybody doing research with this stuff-

Jonathan Otto:

Don't mix it with NAC.

Dr. Bryan Ardis:

Don't mix it with NAC. EDTA. Glutathione. Or vitamin C.

Jonathan Otto:

And so you're saying that if people use those, they can use them to help with the clotting?

Dr. Bryan Ardis:

Denature and destroy the venom.

Jonathan Otto:

And so, basically, someone with all these clots, you could actually just turn it off, just like you turned it on.

Dr. Bryan Ardis:

Absolutely. NAC by itself is so anti-clot they've even had research studies proving that during surgery- You know when they do surgery and they cut you open?

The blood is going to try to clot where they cut the blood vessels. You will start clotting to keep you from bleeding to death. So, in surgery they usually give you a drug that stops blood clotting when they cut you open, and it's called Heparin or Warfarin. These are actually blood thinning, anticoagulant drugs.

Jonathan Otto:

They use venom, do they?

Dr. Bryan Ardis:

They use and proved that NAC could stop the blood clotting cascade, even in surgery, just as good as or better than those drugs all by itself. In May of 2020, when the FDA came out and said they weren't going to let supplement companies sell NAC anymore?

That was because they knew the weapon of COVID was going to cause blood clots, and their coming vaccines in the future were going to do the same thing. So, they wanted to take that off the market. Why? It's a very nefarious agenda. They wanted to ensure blood clots were going to be created in a lot of people. NAC, N-acetyl cystine is not banned. I sell it. Lots of companies still sell it. Lots of supplement companies pushed back against the FDA since May of 2020 when they said they were going to stop letting supplements companies sell it.

If anybody's gotten the mRNA shots and you have injuries of any kind, I don't care how minimal or how severe, the fact that the manufacturers of this component of venom admit that it can be denatured and totally inhibited by glutathione, NAC, vitamin C, and EDTA, if you've been injured and gotten the shots or any loved ones that have, I have encouraged worldwide you need to find an infusion center immediately. Have them do a workup, and then demand high-dose glutathione injections and vitamin C injections at the highest dose possible.

Jonathan Otto:

You mean IV drip?

Dr. Bryan Ardis:

Right into the veins, yep. You want it going into the blood to start denaturing and actually getting this component out of your body. Snake venom components can live in the body and stay there circulating throughout your tissues for up to 10 years. That

research is already documented and proven. If we can speed up the denaturing destructiveness and get it out of the body, you should do it. Chlorine dioxide; otherwise, abbreviated MMS, is also a proven denaturer destroyer of snake venom in the body, in all venoms. You can just do 2 drops in the morning in water and drink it, 2 drops in water in the evening, drink it. I would absolutely encourage anybody who's had the shots, had injuries, you consider doing these. And see if it can make an improvement to all of your symptoms.

Dr. Dietrich Klinghardt

Yeah. First of all, I'm observing that when I moved to the US, people were strong, tall, had a sense of humor, were kind of shining. The US population looked healthier than the population in Europe. And that has dramatically changed. The overall population in the US has degenerated, deteriorated. People are far less healthy now, far less radiant, far less robust in the health, and the Europeans are now ahead in their overall health than the Americans are. And I relate it to the 3 big factors, the water fluoridation, which we didn't have in Europe, it's now in England, it's coming under the pressure from the special interests. So, you Americans have been fluoridated since the 1940s, which calcifies the pineal gland and has a lot of other deleterious effects, cause osteoporosis, and protein changes, and all that.

And you've had this insane growing vaccine program with a unbelievable number of vaccines, that's still only a fraction in Switzerland and Germany and Sweden of that program. And then you had this completely uncontrolled use of glyphosate and other herbicides in the US, that's poisoning your food chain. And the depletion of the soil, which I think is a huge factor.

And so I'm watching this, and 40 years is the time span when I remember the patients that came through my practice 40 years ago and the patients that come in now. Especially the young people, you see this decline in overall health also, which really makes me sad but we've been trying to counteract that with good science and teaching people and informing people. And so there is exceptions, there's still healthy people, the ones that had the right moms, the right dads, that were informed.

But in terms of treating the vaccine, so my practice now, basically, is 90% of the patients I see are either the long COVID cases, people that went through the, let's call it, the natural course of the illness, or the vaccine-injured people. And so the vaccine-injured people have the same symptoms as the long COVID patients, plus a whole host of actual problems. So the post COVID, long COVID symptoms are certain subset of symptoms. The vaccinated people have that same subset plus a whole bunch of other problems. And so the things that I'm using, I followed the literature very closely, that are

different from what you guys are discussing here. We use propolis to a very, very high degree, especially the inhalation of propolis.

Jonathan Otto:

Is that bee pollen?

Dr Dietrich Klinghardt:

Yeah. No, well, it's not bee pollen, it's another bee product. And propolis contains all the bioflavonoids in the world just in a condensed version, and by evaporating that at a certain temperature, when you inhale that it completely heals the lung. So we've dealt with the lung part of COVID very early on with the simple inhalation of a product in a way can, for like a \$3 cup which filled that organic propolis, you could treat probably at least 50 people for the cost of \$3. So we did that. We experimented with that over the last 20 years, that's our asthma treatment and was a treatment for COPD, and it also worked for COVID. And it's published now that propolis had a radical effect as an antiviral for COVID-19. So that was that part. That's just one example.

Also, I worked a lot with the injection of procaine. Procaine on its own has been shown to have a huge effect against COVID-19. And I use a German healing technique called neural therapy that would, for example, involve the injecting the tonsils with procaine, injecting the thyroid with procaine, injecting the pelvic floor with procaine. So there's something I'm the main teacher in the US of. And so we do that very clearly and cleanly, and we could pretty much take anybody with acute COVID and change it in a few hours with that. We used a lot of high dose melatonin, which has been published. But that's the COVID part. Now, with the vaccine part, of course, we know we have to deal with the graphene oxide, we have to deal with the adjuvants in there. There's the usual culprits in there, the aluminum, the heavy metals, the glyphosate, we found it all in there.

Some batches had parasites in them, we do dark-field microscopy and you could put the... Whenever we had the chance to actually get some of the samples of the vaccines, we put them... Not every vaccine batch was the same, so with the same company, the same name vaccine under the dark-field microscope, 9 out of 10 looked the same, but 1 out of 10 had stuff in it that shouldn't be there, like crawling, living creatures.

Jonathan Otto:

Parasites, but so strange, so tiny.

Dr Dietrich Klinghardt:

Yeah. Well, parasites are multicellular organisms and a cell is very, very small. And if you have a parasite that, let's say, has 200 cells, it's still microscopically small. Yeah.

Jonathan Otto:

Is it bacteria performing like a parasite, or is it a parasite?

Dr Dietrich Klinghardt:

It crawls, it moves, so we don't know. Other people have seen it so we just confirmed that, and other people have described it. But what that means for the treatment is important. So, you have the injection site where metals and adjuvants that are in the vaccine linger for a couple of weeks, and they can actually be locally be diffused, to use that term, by injecting, for example, DMPS or glutathione. Glutathione is weaker, DMPS is stronger, it's got 2 sulfhydryl groups that grab mercury, that grab cadmium, nickel, all the toxic matters. But also, as was found out later, this discombobulates the graphene oxide or graphene hydroxide. You can break that apart so it doesn't organize itself into something that we don't really know what it's doing in the system. And so there is the local injection with, let's call it, detox agents, but also to treat the alive component of an alive virus.

I know there is a lot of questions that people have, is there really a virus? So I don't care, but it's alive what's in the... What we know from the recent studies, that 10 days post a vaccine, 1/3 of the people who have been vaccinated are still highly infectious to the people around them. That means you get the vaccine, you walk around, you walk back to your wife, chances that she gets COVID are very high because you are infectious with COVID from the vaccine. So, that is not generally known, but it's in the "New England Journal of Medicine" so it's not a small paper. It states it. And so-

Jonathan Otto:

I think that could be venom transferring. I think it could be.

Dr Dietrich Klinghardt:

Of course, it can be other things, but we do know that if I inject ozone into the site, I completely dismantle that effect. We know that ozone can be used to break snake venom. I worked in the emergency room for 7 years, and that's what we did in emergency room. We injected ozone in the snake bites as a fantastic quick healing tool for it. Actually, also injecting procaine into the snake bite completely- The snake venom has 2 aspects with the toxic aspect but it also carries a strong electric charge, and you can discharge that with- In fact, one of the treatments we used is that we taught the population- I was working in Roswell, New Mexico, for many years, what we taught the local farmers, if they get a snake bite, they take the charging cables that you have to

charge if they run out of battery in the car, and you put it on the engine and then run the current that is generated with the engine, run that through the snake bite, and electrically you can destroy the effect of the snake venom.

But the interesting thing is that injecting local anesthetic in the area has a similar effect. And so we do that with the vaccine. We inject local anesthetic. We follow it with a shot of ozone. That's the first thing. And a few hours later, we inject the DMPS or glutathione. Yeah, so these are just some of the things. Now, of course, I have to say here for my own protection, so I work in Switzerland and England and Germany and the US, and of course, I don't do those things in the US. I do them in other countries where it's a quick fix to make the vaccine a non issue.

So, there is an alive component there, and there is the toxic component there. And then if it doesn't succeed, you develop symptoms that are very much like the naturally acquired form of COVID. That's, I think, important for everybody to know. But the second thing that I think is important is that most people miss the point. They get COVID, maybe just a 2-day illness or maybe some people got a more severe acute form, and then they think they're recovered. But then when you check them a year later, they have increasing levels of fatigue, increasing levels of memory loss, increasing levels of brain fog, and increasing flare up of symptoms they had before they got COVID. And that's all built into this bug. The bug is designed for slowly evading your system and slowly taking you down.

If you have inferior genetics or if you're a certain age- I'm 71 years old, so I kind of realized the illness very much targeted to get rid of the older population that is worthless to a society. It was built into this design, into this bug to target certain population groups that are not contributing to a modern Western society. At least many of the scientists watch the numbers on who's mostly affected and come to the conclusion, okay, the bug was designed in a certain way to clean up certain parts of the population.

Now, the vaccine is a whole other issue because the vaccine is mostly damaging to younger people. And for us carries a level of insanity with it that the population gets vaccinated, kids and young people that never suffered from the illness that be just- In the wildest first 6 months of COVID-19 or early 2020s, we never saw a 4-year-old or 14-year-old kid with COVID symptoms. And if they had it, it was like a 2-day mild sore throat and then they were done with it. And then to protect them from that, to give them in a vaccine that 1 in 200 people causes myocarditis, which is an illness you never recover from completely. Once you had myocarditis, you're damaged for life. If you're an

athlete, you never will be an athlete again that performs on a high level. That is something I think all the scientists agree that was just insanity imposed on people.

Jonathan Otto:

Yeah, it's very cruel. And with those young people that are presenting heart issues with their heart, what would you say? What can they do?

Dr Dietrich Klinghardt:

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