

7 superior Covid Treatments that are Being Suppressed

AND THE CLINICAL DATA THAT PROVES IT!

- The Lancet reports that on average, it takes 10 years to develop a vaccine.
- There was very limited testing, which has not assessed the longterm effects of the vaccine.
- Pharmaceutical companies are pushing people to take the vaccine and are making people think that it's the only option and that other treatments are not effective.
- A pilot study was conducted on the effectiveness of medicines like Ivermectin and Hydroxychloroquine. They had found an improvement of dyspnea using the modified Medical Research Council scale, disappearance of fever using thermometer, Fatigue using Fatigue Assessment Scale (FAS), and improvement of Oxygen saturation using pulse oximeter.

Dr. Peter McCullough who is an internist, cardiologist and a professor of medicine at Texas A and M College of Medicine. He has completed his bachelor's degree at Baylor University, and has completed his medical degree as an Alpha Omega Alpha graduate from the University of Texas Southwestern Medical School in Dallas.

He also completed his internal medicine residency at the University of Washington in Seattle, his cardiology fellowship - including service as Chief Fellow - at William Beaumont Hospital, and his master's degree in public health at the University of Michigan.

There are three major elements to the infection, viral proliferation, cytokine injury (excessive inflammation), and thrombosis (clotting). It's a long illness, a typical person who dies of COVID-19 takes 30 days or more.

There is no single drug that 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. The principles here are the ones that we use in the hospital.

1. 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 (membrane-bound vesicles). 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.**

259 supportive trials, 385,000 individuals. Hydroxychloroquine is 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 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?

2. 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.

3. **Favipiravir** is available in five countries overall, it's like **oral Remdesivir**. Remdesivir is currently approved in Japan as a treatment for patients infected with SARS-CoV-2, the virus that causes COVID-19. Outside of Japan, remdesivir is an investigational, unapproved drug.

A report in the New England Journal of Medicine in May concludes that the broad-spectrum antiviral medication developed by the biopharmaceutical company Gilead Sciences was superior to placebo in shortening the time to recovery in adults hospitalized with COVID-19 and who had evidence of lower respiratory tract infection.

4. **Corticosteroids:** This is a mainstay of inpatient treatment. A meta-analysis suggests a 30% reduction in mortality. Inhaled Budesonide, known in the United States as Pulmicort, a randomized trial called the Stoic Trial. There was an 87% reduction in hospitalizations with inhaled Budesonide. So we have positive data for both oral and inhaled steroids.

5. **Colchicine (off label):** is an anti-inflammatory drug. The largest, highest quality, randomized prospective double-blind placebo-controlled trial. 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.

6. **Anticoagulants:** inpatient data reveals that full-dose anticoagulation and aspirin are associated with reductions in mortality. 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.

Aspirin

Over 75% of patients who had a flu shot had the flu anyway

WARNING!!!!!!!!!!!!!! DO NOT USE ASPIRIN (Salicylates) OR TYLENOL (Acetaminophen) or NSAIDs like Advil, ibuprofen, Motrin when anyone has a Flu.

Salicylates and Pandemic Influenza Mortality, 1918–1919

Pharmacology, Pathology, and Historic Evidence

Karen M. Starko Burlingame, California

Aspirin can kill a patient with the influenza and when Tylenol lowers the body temperature can complicate the flu called the Reye's

Syndrome. (Reye's (Ryes) syndrome is a rare but serious condition that causes swelling in the liver and brain. Most often affects children and teenagers recovering from a viral infection, most commonly the flu.)

Taking aspirin will make the flu twice as virulent and four times longer to recuperate. Painkillers like aspirin taken at current levels to treat fevers could cause 2000 flu deaths each year in the US alone. Painkillers as used in the US could be increasing the transmission of ordinary winter flu by up to 5 per cent.

SALICYLATES CAUSE IMMEDIATE LUNG TOXICITY AND MAY PREDISPOSE patients TO BACTERIAL INFECTION BY INCREASING LUNG FLUID AND PROTEIN LEVELS AND IMPAIRING MUCOCILIARY CLEARANCE.

THE PATHOLOGY OF THE EARLY DEATHS in the 1918-1919 pandemic IS CONSISTENT WITH ASPIRIN TOXICITY AND VIRUS-INDUCED PATHOLOGY.

Adverse effects of aspirin

- Decrease blood flow to the kidneys and increased risk of allergic reactions.
- Aspirin including NSAID drugs are the leading cause of kidney failure and gastrointestinal bleeding that requires hospitalization.
- Study of 40,000 healthy women age 45 or older took 100mg every day for ten years. Aspirin did not prevent first heart attacks or death from cardiovascular causes.
- More adverse effects in the aspirin group: nosebleeds, blood in the urine, gastrointestinal bleeding; a portion of the subjects in the aspirin group required transfusions due to blood loss.
- Preventive use of aspirin can lower the risk for a second heart attack by about 1%. **Not impressive.**

Protocol: age under 50, no other medical problems, simply a nutraceutical bundle is reasonable: zinc, Vitamin D₃, Vitamin C, glutathione, curcumin.

Alternative to anticoagulants is Zymessence (systemic enzyme): Five primary functions:

1. Prevents the blood from clotting.
2. Anti-inflammatory.
3. Antibacterial.
4. Mildly antiviral.
5. Digests foreign protein in the body.

7. Boost the Immune System with natural foods: the immune system is induced or stimulated by bacteria, parasites, viruses, exercise through injury and even accidents through injury. Once the immune system's induced, it actually causes the inflammatory system to elevate. Inflammation is the first stage in the healing process and is not bad. Suppressing inflammation in reality suppresses the healing mechanism.

The most significant thing that induces the immune system is a standard American or Western diet. The chemically processed, genetically modified, polluted Frankenfoods, whatever you want to call it are not

meant for human consumption. The body looks at it as a foreign invader and it induces the immune system, it induces inflammation and it happens so fast and so much you even go to the hospital, that's what they serve you, things that cause the immune system to upregulate.

The key to reversing the cytokine storm is to remove the things that initiate inflammation and introduce foods that contain micronutrients: Essential fatty acids, minerals, amino acids, and vitamins.

Bombard the system with phytonutrients, with good organic foods and food based supplementation because food does not contain any more the voluminous amount of nutrients it once did 30 to 50 years ago because the soil has become depleted from the use of synthetic fertilizers.

The important areas to bolster are the Parent Essential Fatty Acids (organic and cold pressed omega 6 and omega 3 fatty acids), vitamin D₃ (5,000 to 10,000 units a day), zinc orotate (60 mg/day), vitamin C (Indian Goose Berry - AMLA -C ; 2,000 to 3,000 mg/day); sulforaphane is a sulfur-rich compound found in cruciferous vegetables like broccoli and cabbage; it upregulates an enzyme, myrosinase (high in daikon radishes), that prevents bad viruses from entering the cell.

The take-away message is: 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. Early treatment is absolutely the key to pandemic response.**