

ULTIMATE VAXX DETOX GUIDE

Reverse Damage from the Deadly COVID "Vaccine"



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Introduction

So many people are living in fear now. At least 67.9% of the world’s population has received at least one dose of the COVID-19 vaccine, according to Our World Data. [\[1\]](#) Many people already have tons of side effects, and notice their bodies just don’t feel the same.

And then we have world-class medical experts publicly expressing their concerns – only to be ridiculed and canceled by the global elites.

Renowned French Nobel laureate and virologist, Dr. Luc Montagnier, who was the co-recipient of the 2008 Nobel Prize in Physiology or Medicine for discovering that HIV is the cause of AIDS, said “the curve of vaccination is followed by the curve of deaths”.

That’s because COVID-19 vaccines cause antibody-dependent enhancement (ADE) – leading to worse disease than before.

Of course, any reference to his public speech has been censored and there are “fact-checks” all over Google. But he’s certainly not the only one to express his concerns. We’ve interviewed tons of experts who have revealed the real dangers of the jab.

They are also revealing the top treatments and protocols that they’ve been using to successfully help people detox from the deadly mRNA technology that is wreaking havoc on their bodies. We want people to know that they do not need to live in fear because solutions exist.

So many are successfully regaining their health after being vaxxed. There are many different ways to detox your body from the toxic jab. We’ll be sharing comprehensive protocols shared by world-renowned experts in this eBook.

Urotherapy: Ancient Medicine to Reverse Diseases

The thought of drinking your own urine may sound absolutely absurd. Even those who use it today were initially skeptical. That’s because we’ve been told all our lives that urine is a waste product.

But what if we told you that it is a miraculous medicine that is turning skeptics into advocates? Once you start using this ancient medicine, you’ll start to see incredible health benefits. So why is it kept hidden? Why do so many western doctors caution against it? And why does Google strongly advise against it?

Like with all the natural medicines that prove to bring miraculous benefits, Big Pharma doesn’t want you to know that you do not need their drugs. Why? Well, in 2020, Big Think posted an article titled, *Cancer drugs are the most profitable for Big Pharma*.

According to the article, [oncology treatments earned Big Pharma \\$123.8 billion worldwide in 2018 alone](#). [2] Their profits are projected to increase over the next few years. And now we’re seeing an exponential increase in cancer since the vaxx rollout. Who knows, maybe it’s part of their huge plan to profit from our suffering.

What we do know is that urotherapy is proving to be a powerful tool to treat cancer and many other debilitating diseases.

Urine is Not a Toxic Waste Product

When you ask most people you know what they think urine is, they’ll tell you it’s a waste product that our bodies produce. The truth is that urine is not a waste product. It is actually loaded with extremely beneficial compounds.

According to an article published in the *Frontiers in Cell and Developmental Biology* journal, scientists from the Institute for Regenerative Medicine at Wake Forest University found that

[human urine contains stem cells](#). [3] They also confirmed that these urine-derived stem cells have regenerative potential.

So contrary to what we've been told, urine contains various compounds, including salts and minerals that are extremely beneficial for healing diseases.

Expert Insight

Jonathan Otto:

Is urine a waste product?

Dr. Rashid Buttari:

No, I don't believe it is. Not anymore.

Jonathan Otto:

Does it have anything in it that's waste?

Dr. Rashid Buttari:

It's excess. But if you really think about it, I mean, your respirations, fecal, your - I think that - are you familiar with the principle of homeopathy?

Jonathan Otto:

Yeah.

Dr. Rashid Buttari:

Okay. Well, so homeopathy, it's like dissolves like. And so, I think the body has it's - the ulterior or the ultimate I should say, filtration apparatus. And I've come across some very interesting literature about distilled water. And I think that's really what the key is that we've been - Water has all these things in there that cause a deposition and we always think, well, water has to have minerals. And I was of the same belief until some of the literature that I read that talked about the power of distilled water. That's what kidneys are doing, it's actually distilling. And each subsequent pass is helping our blood to eliminate certain things out of blood to make that distilled water, so.

Jonathan Otto:

And that's part of the reason why it's sterile. Right?

Dr. Rashid Buttari:

Exactly.

Stem Cell Therapy and Regenerative Properties of Urine

Jonathan Otto:

So basically, coming back over this, David, some of the difference between what you and for example, Dr. Ed Group are talking about. Dr. Ed Group says to take your morning, your first morning as it is, I guess, as far as I understand. But you're saying, no that one's got more waste product in it. He's saying it's more concentrated and there's more potency in that. And, from my research, when I looked at the stem cell research done on it, it was the morning urine. So I'm actually leaning more towards the morning urine being the most potent at first elimination versus the, after washing that out with some more water. Why do you feel the other way about that?

David Wolfe:

Good question. And let me tell you why. It's because I've done this for about 25 years. And so what I found is, is that when you knock back the first urine of the morning, it knocks you right out because all of that used-up serotonin and neurotransmitters are still in that urine. And so those were the things that were keeping you sleepy. Many people have tried this, it's a really cool thing to try. If you ever feeling drowsy, drink a bunch of water and then go pee.

And you'll find out you wake up. And this is something that happens in the morning. As soon you get up and you urinate, you wake up because you're washing out all those neurotransmitters. So I was finding that if I drank that, I would be knocked right back out, I go right back to sleep. And so I started looking into it a little bit more deeply and I started realizing, oh, it's all those used-up neurotransmitters that are knocking me right back out and putting me right back sleep.

And there's a relationship there. That's true for most people, it's not true for everybody. But there's a relationship there. So eventually I started looking into... For example, with Dr. Hitt's office, we always had a real tough problem if the urine was dark. So if somebody came in, it was their first urine of the day and it was a dark urine, it's hard to inject it. It is. It's just harder. We'd have to use a little bit of lidocaine, like 5%, to try to ... the welting from happening and try to get that in there. And the body would have a hard time accepting it. But if it was a clear urine, it was easy. It went right in there.

We found with Dr. Hitt's office, especially with centrifuging urine, that the most immunological active material was the lightest material in the urine. So that stuff would stay at the top of the centrifuge and the heavier stuff would pull to the bottom. And so we if somebody only had dark urine, we'd centrifuge it and only pull the top part off, and we'd just take, I think it was a 1 cc syringe or something like that, 2 cc syringe, and we pull that off and then boom, we'd put that injection into them. So that was also a factor that played into why I eventually started going with the lighter urine rather than the darker.

Jonathan Otto:

Very interesting. But it sounds like there's a case for both sides in a way there. I know that there was a study done by, I believe it was the Wake Forest Institute that... And their funding actually came from the NIH, where they took a 24 hour urine sample from that. It was around 10 different people. And then they found that that, in three weeks, proliferated into a hundred million stem cells. It went from 140 clone stem cells to a hundred million within three weeks. And so I'd like to ask you about this concept of aged urine and how that is best consumed, and to get the stem cell benefits. I'm glad you're nodding, you're excited that I'm on these topics. I'm researching this, there's a lot of things that have not been discussed.

I also discovered that these urine-derived stem cells were used to regrow neurons in the brains of mice. And they did it in half the time it took other types of stem cells to do that, which is incredible. They had an inability to form cancerous tumors, which makes sense that it's one of the best anti-cancer approaches. One, because urine actually is, in essence, anti-cancer. And this is mind-blowing, the fact that any other stem cell from any other source can form itself in, when I'm talking about, even umbilical, fetal. These can actually all form into cancerous tumors, whereas urine has no ability to do that. Either, or into a teratoma, which is a false type of cell that has hair and teeth in it. It cannot do this. So, that is incredible. So my questions there are around, how to use it.

My point there as well was, in some of the studies I looked at, they were using the morning urine for the stem cells. So I do think that there is a case for it, especially in the stem cell arena. So I am kind of still saying, morning urine, got some potency. But in terms of application, sounds like you got some good points there in terms of how to do that, and how to inject that. By the way, how much to inject when you were doing that...

David Wolfe:

It was about 1cc, actually. And then I still have a little bit of, this was a lidocaine material here. Because if somebody had to be injected every day, they'd develop welting and hardness on their tissue. And so the lidocaine would soften that up so they wouldn't develop that type of response. At any rate, these types of syringes were always... This is always fun going across the border with this stuff. Let me see, hold on. It was... I think it's two, basically 3ccs or something like that if I recall what this is. Because it's in milliliters. Is 1cc one milliliter? I think it is.

But the feedback loop that we're talking about here again is done in... There's three ways to go about it in my opinion. There's four ways. One is you could put the urine on topically on your skin, which is... There's nothing better for your skin than your own urine. That is just the way it is, because it's how you were born, in your own urine. The amniotic fluid is your own urine. You're created in it. Two, drinking it, which is a little harder for some people. Three, you could do an enema of it, which is what I do these days. I mean, I've been at this for 25 years. I like the urine enema personally, that's what I prefer.

Then injecting it as number four, which is, if you're in a crisis, that's the way to go. All of these things close this feedback loop so that your body gets the information more quickly as to what's wrong and how to fix it. Plus it has all these interesting things in it like stem cells. Now let's talk about evolved urine. The way I got into evolved urine or aged urine is because I was told way back when, 25 years ago, that if I was ever burned or seriously burned, like third-degree burns, your aged or evolved urine is the best thing. And the older that it is, the better. So back in 2005 and 2007 I filled up two samples of urine, which I still have, they're in my closet over here. And Dr. Group really is like, "What? I want to see you drink it. Open that thing up." I haven't opened that thing in almost 20 years, but I'm going to do it. I'm going to open it up, I'm going to drink a little bit of it and see what the heck happens.

But if it's a little bit more reasonably aged, like a couple weeks, and you have a cloth over the top of it and a rubber band and it's in an area, in your room or something, or it's an area where it can get sun, and you see it start to evolve back to blood, which it generally tends to go back towards red, and you drink a shot of that, that's kind of the strategy. Or you could also do an enema of that too by the way. That's the strategy to get those stem cells, that are more multiplied at that stage, and get those working for you so you get more neuron growth, you get more rejuvenation factor. But again, my preference there is not going to be to drink the aged urine, but to actually do an enema of the aged urine. And just a small amount at a time.

Jonathan Otto:

Wow. Because it is arguably a bit rank, or whatever hey?

David Wolfe:

It depends. You just get all kinds of reactions. I get people saying, "I did, it was easy. I drank it, no problem. I can't believe I ever even thought that that would even be a problem." Some people are like, "Look, I just can't get past it. There's just no way I can do this." And I'm like, "Okay, you do the enema. That's by far your best strategy for you..."

Jonathan Otto:

That assumption of urine itself, but aged urine, it's more of another stretch again, because it has a strong potency.

David Wolfe:

It's harsher, yeah.

Jonathan Otto:

Yeah. But it does appear that there are major benefits to consuming it, ingesting aged urine. That was the one that was done most historically. I don't know how much enemas were done historically with urine therapy. I'm assuming quite a bit, but definitely more in the ingesting. But you probably know more in the history there...

David Wolfe:

The main place where all of this was really worked out is in India. And there's been urine hospitals in India going back hundreds of years, actually. Hundreds of years of this type of strategy, and it's just a known thing in the Indian culture. Now I suspect that that culture knows that because it's a very ancient culture, and it goes back thousands and thousands and thousands of years.

So they've just worked it out because they're wise. They've become wise over thousands of years and they've realized what the truth is, which is, your body manufactures its own cure. And they've figured out different ways to ingest it and different ways to do it. Including injecting it. Which was worked out in India initially in these hospitals and then it was transferred slightly over to the west and now it's become a big thing.

There's never been... I've been at this for almost 30 years as a professional in a health world. But 25 years ago, there was a kind of drive that lasted for about five years of urine therapy and it was a big trend, and then it kind of faded. Now we're on a big upswing. There's been incredible interest in this subject over the last few years and I'm absolutely elated about it. It's really... It's a great subject that needs to be known. People need to know that this is how your body works. That your body actually is an amazing self-healing biological enterprise. It's an incredible miracle.

Jonathan Otto:

Wow. It may be the only way out of this vaccine damage as well. I mean you have to talk about regenerative medicine now, because we're talking about people having dead heart muscle with myocarditis and the list keeps going. Neurons that have been destroyed in their brain that they need to regenerate. It's not the only thing that is in regenerative medicine, but it may be the most potent thing we have in regenerative medicine. I think it is.

David Wolfe:

Well said. Yeah, I completely agree with that. I mean, the only thing that could be stronger, the only thing that I would suspect is stronger, is if we actually take a needle. One of these needles could do it. Let me just show you this again. We could take one of these needles, you can see how thick that particular needle is there, I guess they call that a high gauge needle. And we puncture into the bone marrow, like in the hip, and we pull the bone marrow juice out and then

And I've had that treatment myself. In my family I've seen that almost instantly cure my mom of arthritis, within hours. That's another one. But again, your bone marrow's producing your own cure, just like your kidneys are. And these things need to see the light of day. This needs to be known.

Now, it is, what I just said, that particular strategy of getting into the bone marrow, pulling the bone marrow juice out and putting it into the bloodstream, it is being done in hospitals. I had that done on myself and my mom in Guadalajara, Mexico. And that's another really good one. But you can't do it like you can do urine. It's not a daily thing.

Johnathan Otto:

True. How painful is it?

David Wolfe:

It's very painful. It's very painful, because they're poking all the way into your bone. And I've also had stem cells derived from my own fat, because I know a doctor who does that. That was also a little bit painful, I have to say. I heard it was going to be real easy and everyone's like, "Oh it's no problem. It's just does a little liposuction thing. It pulls a stem cells out, it's done." That wasn't my experience. It was rough, actually.

I still have a little pain in that area. He did it on both sides. He did one side and then the other, because he was saying that the fat-derived stem cell's even more powerful than the bone marrow. I'm not complete convinced that that's true. I think it's a race. I'm not sure who's going to win that race. But I like both those therapies because they use your own stem cells, your body's own material, to produce your own cure.

Jonathan Otto:

Yeah, that's a good point. And how long ago did you get that treatment on your butt or from the stem cells in your butt?

David Wolfe:

Yeah, the one where they busted into my hip bone, that was back in 2014 when I had that done. And that was just a doctor friend of mine who was like, "I'll do it for free. Well just, fly down here, I'll do it." I was like, "Okay." I didn't really realize what I was getting into. And it was powerful.

Now, let me tell you how powerful it was for me. I had a broken tooth at that time that I'd had since I was 14 years old. It never was right. It never was corrected by a dentist properly. They never were able to fill it. Eventually, the filling fell out and I was like, "Just, I'm leaving it." Just leave it. It can't be worse than what it had been. So I left it for many years. But then in 2013, I

had a couple of incidents happen that really rocked that tooth and I was like, "Oh, it's getting bad." And the pain started. And the pain went on for a year and I kept going, "Nope, I'm not going to have that. I'm just going to do it natural. I'm just going to hold on. I'm going to hang in there."

So I get that. They puncture into my bone marrow. They pull the bone marrow juice out. And they pull a lot out, they pull four ounces out on each side. One ounce goes to the lab, one ounce goes into the freezer so they have a sample of your stem cells for the future, and then those remaining six ounces are put back into your blood via IV. Within a few days, that pain went away and never came back.

I mean, dental pain gets worse, that's a fact of life. But not this time. It went away and never came back. Now, eventually, I lost that tooth, but I lost that tooth without any pain. That really taught me something. I was like, "Wow, I got through that. No pain." It's correct it, fixed it.

Jonathan Otto:

Amazing. Did you notice any other benefits?

David Wolfe:

Well yeah, there is an overall body benefit. There's something, it feels like there's an energy that's just pushing. It goes on for months actually, where you're... Maybe it's a feeling you have when you're a growing child where you just got the energy or something at a core level. It feels like a jing energy as we say in the Chinese medicine system, which is that endurance and that primordial vitality energy. It definitely gives you that for several months, and it keeps coming. It's really epic.

The Power of Urine Therapy for Vaccine Injuries - Expert Insight

Dr. Edward Group

Jonathan Otto:

Dr. Group, I have to ask the question, have you been seeing anyone that is getting recovery from COVID-19 vaccine injury from using urine therapy? Have you seen anything?

Dr. Ed Group:

We've had a lot of people that have recovered from the- Well, basically what we have is we have a universal antidote program that we developed during the early stages, after I was part of the COVID Task Force. Our job was to, well, as I was working on the task force under the president at the time, we knew what the plan was. I mean, obviously our connection with the White House, we were telling him about Ivermectin, Hydroxychloroquine, zinc, quercetin, iodine,

all of the different compounds that were effective, ozone, Vitamin C, et cetera. We knew that wasn't the agenda.

The next agenda was for me, to try to find or put together a program that could help people recover if they took the toxic cocktail. Now mind you, we know a lot of the same people, a lot of the practitioners, a lot of the scientists out there still to this day are saying that if you did receive the cocktail, your lifespan is no longer than 5 years. I believe that if there wasn't a viable solution, however, I'm always solution-oriented. I don't believe that there's- or I do believe that there's always a solution for every situation.

Jonathan Otto:

It's interesting, Dr. Group, that a lot of the people saying things like this, they actually don't understand health and healing. See what I mean? They may be good at understanding, for example, medications. They may be good doctors in the sense that they understand some acute cases and things like this. They're generally very intelligent, but because they don't do much with disease reversal, they say things like that, and then somebody that- They, literally, a lot of people think they're probably going to die because they just felt like there was no better option for them, and then they did it, or they thought it was great, and now they think they're going to die. I appreciate you bringing this up because I've really wanted to highlight the importance of people understanding how these types of things are very generic, kind of catchall kinds of scenarios, that people really need to reconsider in their thought process.

Dr. Ed Group:

You're right, a lot of these research scientists, a lot of these practitioners are not- They haven't been in the root cause of disease like our specialty has been for over 25 years. Our specialty has been identify the root cause of disease and develop protocols and teach people how to heal themselves. The true definition of a doctor is a teacher. It's our job to let the individuals know why they're suffering from what they're suffering, and to teach them and provide them with the protocols and the systems necessary to be able to alter that and to change that, so they can get better. That's what we've done, and that's what many other doctors have done, too, to be able to eradicate any disease. It doesn't matter which one it is. That's why I love challenges. I mean, I'm a crazy scientist, but I also like to develop solutions.

My thing was, no, there's got to be a solution out there. Everyone who's taken this cocktail is not going to die within 5 years, if I can help it. I'm going to see if I can find what we can do to neutralize that or what we can do to reverse the damage that's going to be done. The issue that we have here is a lot of doctors are coming out and they're saying, "Yes, you can stop." Let's just say people have 1 cocktail, 2 cocktails, 3 cocktails, 4 boosters, whatever, whatever, that's just adding to the immune suppression. That's adding to the production of more spike proteins.

What people need to understand is once you have injected into you mRNA, which is a messenger RNA, that goes into your DNA and changes your DNA to where your cells actually start producing spike proteins. It alters and changes your DNA. Fine, right, we can take

quercetin, we can take zinc, we can take different things to slow down and possibly stop the mRNA production or the binding capabilities of the mRNA, but what is out there that's going to actually repair the DNA?

If you go take a quercetin, let's say, the quercetin's not going to have your original memory of your DNA in it. If you go take Ivermectin, Ivermectin's not going to have your original DNA in it. My solution was to develop an antidote program, a universal antidote, anti poison, anti harmful organism, anti nano bot, EMF protection, DNA cellular repair program, that people could use to recover completely their DNA. In order to reverse the DNA damage, I was only able to find a few things that could do that, because you need to have something that contains your original memory of your DNA to repair your DNA, right?

The only thing I could find that could do that was urotherapy. Urotherapy or urine therapy contains your original memory of your DNA. We use the urotherapy in combination with everything else like the Ivermectin, the iodine, the CDS or the MMS, the chlorine dioxide, the supercharged C60, which we know will grab the graphene oxide and all those other contaminants out of the body and bring it out. We use the quercetin, we use a good probiotic, we use Paratrex, which is another harmful organism, which is another subject I'd like to touch on later on is the amount of harmful organisms that we have inside the system.

Then the big thing that most people are deficient in, that I believe people should be taking on a daily basis, is zinc as well. That's been talked about a lot during this whole process. Those are all great to stop the spike protein or to neutralize the spike protein. However, we still have the issue with how do we repair the DNA back to its original state. We have the urotherapy for that. We have water-only fasting has been shown to bring the body back into an autophagy state, where the body actually starts producing original stem cells.

The 3rd thing we use is stem cell therapy. Maybe you can do some stem cell therapy, and that might work as well. But those are the only options that we have available. I've actually talked to some of the top practitioners like Dr. Ryan Cole, who's a pathologist, and asked him how do we- is there any tests out there right now that are available that we can measure the amount of damages being done to the DNA from these cocktails that people are getting? Or is there a way that we can measure improvements to the cells if there's any type of therapeutics that we're using? He kind of just chuckled and said they're not-

There's no tests out there for any of that stuff. And we have the D-Dimer test, which is being used to basically see if you've been affected by the shots, and that just tests for microclotting that's happening within the body. But he said they're not going to develop any type of testing that people can do. I mean, think about it. If there was tests out there that we could take to see the damage, then the doctors would probably be doing it. Then of course that would be counterintuitive to the whole shot narrative. Right? We don't know. We don't know.

The only thing I could think of and theorize is, is using the urotherapy because there's been plenty of research that's been documented on that. It's been written up in the "Journal of Stem

Cell Therapy", and it's been studied for ages, 5,000 years. Harvard, many medical doctors have studied it. There's been a lot of studies that have been done on urotherapy. We know that the urine contains over 3,500 different compounds, and it contains anti-poisonous substances. It contains anti-inflammatory substances. It contains urokinase, which is the number 1 drug that they use to control blood clotting.

It's the answer, in my opinion, to all of the things that are happening right now. We've seen a lot of people that have used our program. Most of them have used everything in conjunction with urotherapy, but there have been people that have just used urotherapy as well and had incredible results.

Jonathan Otto:

Really? People that have had a significant injury or a severe injury where they maybe present neurological symptoms, or myocarditis, or pericarditis, I mean the list is limitless. They have lost smell, taste. What else? I mean, look, you just...

Dr. Ed Group:

Brain fog, fatigue, skin issues, skin breakouts, menstrual cycle issues, hearing, tinnitus. I mean, the thing is there's a whole long list.

Jonathan Otto:

Infertility.

Dr. Ed Group:

Infertility. A whole long list of symptoms, and we're still getting more and more symptoms by the day. Cancer's gone up. Some people say 3000%, some people say 6,000, over 6000%. You have hepatitis, you have AIDS, you have- It's exacerbating everything that could have been brewing inside your system for years. We know that it's causing severe immune compromise. The more boosters and the more shots that you're getting are just making it worse and worse and worse. I would say you could probably take a whole list of symptoms, 50, 100, and contribute it to the effects that you're having within your DNA in your body.

It all comes down to what is the root cause? If you know that the root cause is toxins, that's what this is. It's toxins, it's poison, it's bioweapons, it's nanobots. They're trying to change your DNA. They're trying to be able to put things in your system that can be activated or turned on, or enhanced by different types of electromagnetic frequencies, that can reduce your oxygen carrying capacity in your blood, that can increase the reproduction rate of molds by up to 400,000% and different types of harmful organisms.

It's a combination of everything. Okay. You think about the foods that people are eating, all of the metals, the pesticides, the GMOs, the fluoride in the water and the toothpaste, the poisons

that are there. All of these things contribute to the root cause of the lowering of your self-healing mechanism. When your self-healing mechanism gets to a certain point, then you start getting symptoms, then you start getting diseases, then you start getting conditions. That all brings us back to one thing, which is detoxification and cleansing. The urotherapy does a really good job of detoxifying and cleansing a lot of these poisons, neutralizing poisons, dealing with inflammation, because all this causes inflammation. You can associate pretty much any health condition or any disease with just inflammation in general.

Jonathan Otto:

Yeah, got it. Exactly. We were talking there about the symptoms and some of those being very severe, like cancer, the spectrum of autoimmune diseases or the neurological symptoms, tinnitus, I mean, even obviously there's a connection. I mean, we've seen the connection between Lyme disease and Alzheimer's, and dementia with the spirochetes in the brain. What myself, yourself, Dr. Tau Braun, and Dr. Ardis are talking about, is all to do with the venom, envenomation, which is, again, very similar to Lyme disease, where you're being envenomated by a tick, which is from the spider family, surprisingly, and then it's just shutting down all the normal function.

An antidote to that poison, Dr. Ardis is talking about nicotine, nicotinic receptors of the brain, and nicotinic acetylcholine receptors of the brain. There's a systematic approach. And then you're talking about, for example, urine in combination with other things, which I want to ask you something about as well. When you are taking certain substances, whether it's C60 or anything else, particularly plant-based foods, are you then changing the output of your body? Your body's outputting a different type of, or in a sense, a more potent antidote because you fueled it with the right things.

For example, if I go and eat a bunch of junk, take a lot of drugs or medication, and then I want to consume that urine, well, it may actually help me still, I mean, maybe it doesn't, maybe it's just more toxic now, but... Then other people would say, "Well, the urine is going to- you're going to detox heavy metals through the urine, so you're going to reingest those." Is there toxic threats there with the urine? Can you make your urine 1) more powerful in terms of its anti-poison, antitoxin approach, as well as make it more palatable? There's a few ones there for you.

Dr. Ed Group:

Your urine is always going to be exactly what your body needs at any given time. It's never going to be toxic, it's never going to be harmful. It can be less therapeutic. Most of the changes that take place, let's say, I don't want to say negative, because urine is always positive. It's always sterile, it's just filtered blood. But when you eat meat, for example, meat and different types of pain medications would probably be the 2 things that would, I don't want to say deactivate, but lower the therapeutic value of your urine.

The best case scenario would be for you to eat more of a plant-based diet and then avoid any type of pain medications. But your urine will never harm you at all. It doesn't matter what you put

in your body. Even the metals and the pesticides and all that stuff are conjugated. They're already broken down. Even if you put them in back into your system, that's signaling your body that they need, that you need to remove more of them. It's a signaling system. Whatever you have in your urine coming out is in the perfect ratio when you re-consume it to signal your body to either produce something that you might be deficient in, balance out your hormones that you might be out of balance in.

Like I said, you have organic bonded forms of all the minerals, the nutrients, amino acids, everything in urine. Imagine 3,500 or more compounds in your human urine that are specifically manufactured just for you on a minute to minute basis. Even throughout the day, your urine can change. If you're sick, your body's going to be producing antibodies, you're going to be getting stem cells in your urine to help repair any damaged tissues.

Even in India, where they have lots of urotherapy clinics over there, even people that have severe kidney infections or bladder infections, to where they even have blood in their urine, massive amounts of bacteria in their urine, pus in their urine, they still have those individuals drink their own urine, because that's giving back- That's putting the bacteria and all that stuff back into the body, so the body can then develop more antibodies towards that.

Jonathan Otto:

Obviously there's going to be people listening to this right now gagging, right? We've got to address that. 1) they're going to be gagging anyway. They'll be like, "I prefer to die than drink my own urine." They'll say that anyway, let alone people that have these other occurrences. I mean, 90%, 95% of people listening to this, 99% aren't going to have blood or pus in their urine, and so they're going to have a way easier time than what you just talked about. But how do you address that challenge?

Dr. Ed Group:

The only reason why people would be gagging is because they haven't been taught the truth. Urine therapy is something that you need to wake up to and keep an open mind about and do your own research. That's why I put together a whole website called urotherapyresearch.com. It's got all of the book PDFs for free. It's got everything you could possibly want to know about urotherapy. I spent 2 years gathering documentation.

Urine therapy is the most suppressed medical secret. It's the one thing that the medical profession hopes you never, ever in your lifetime find out about. Why wouldn't God, when he creates you, why would he not create the perfect medicine that your body produces every single day? The only reason that people are grossed out by it is because they don't know about it. They haven't done their own research about it.

The best scientific book that was ever written on urine therapy is called "Your Own Perfect Medicine". It was written in the mid '90s by a lady called Martha Christie. I recommend every single person start off by reading that book, "Your Own Perfect Medicine", because it really is

your own perfect medicine, and it will save your life, and it will completely reverse things in your body, and it will clean and detoxify your body over a period of time. It will help you transition spiritually. It will strengthen your spiritual, your mind, your body and your soul.

There's plenty of research on there, even the conditions, how to use it. You can put it in- You can clean your sinuses with it. You can put it in your eyes. You can put it in your ears. You can put it in your belly button. You can do enemas with it. You can drink it. You can inject it. I mean, there's so many different ways that have been studied extensively, extensively, over years and years and years. There's so much research on that site that I just recommend people, before you just immediately have that reaction of, "Oh my gosh, that's so gross," or, "Oh my gosh, I can't believe you're talking about that."

Look, it was hard for me to come out and to talk about this after 2 years of trying it out myself, at least a year, over a year, of drinking all of my output. I was introduced to urotherapy in 1996, over 20 something years ago, by a guy named Dr. Jesse Partridge. It's been used in cancer clinics for years, injecting people's urine. Dr. Buttar uses it, Dr. Burzynski uses it, Dr. Hitt down in Mexico used it. It's one of the most powerful anti-cancer agents known to man. It's one of the most powerful medicines that you will ever find, and it's free.

One of the things that I've learned over the years is that the most powerful things that we have that can heal the body are the things that are free. Meditation, mindfulness, sleep, grounding, sunlight, urine therapy. All of these things that are really, really powerful were given to us already. We don't need to look outside of ourselves, basically. That's the culmination of this. We have everything that we need to heal ourselves inside our own bodies.

Dr. Rashid Buttar

Jonathan Otto:

Dr. Buttar, have you seen any examples in your clinic where people have used urine therapy for cancer and they've basically completely outlived their cancer?

Dr. Rashid Buttar:

So, the accurate term, and I'm always about accuracy would be... Antigen Receptor Specific Cell Signaling.

That's what it really is. In fact, I'm thinking about just calling it ARS3, because it's Antigen Receptor Specific Cell Signaling and it's the cell signaling that is so powerful. That's what makes the difference. And anything that could do that is gonna work.

But what we have found, and again, the Advanced Medicine Conference lectures goes through the entire aspect and explains the science behind it. And anything less than that, in my opinion,

is not gonna be as effective as, I think people know. But, this is not something that's new. I mean, it's not under the sun. From 1860 to 1920, this was a very common thing.

Now, of course, we're talking about an injectable version of it and there's many different ways of doing it. People use it topically, they use it orally, they use it rectally, they use it intraocularly. They use it all sorts of different ways. And again, there's a specific protocol that we've designed, the way we use it. But the efficacy of it has been clinically observed, it's scientifically proven, it's historically it's set as a precedent. And there's anecdotal evidence that is ad nauseam out there that shows how it works.

Even some of the doctors that were presenters at the conference that would've never done this. After seeing the lectures and sitting in the audience, they were blown away by it, and they started doing the therapies themselves. And before the conference was even over, they saw clinical benefits.

So, it comes down to the fact that somebody first has to understand the science. They have to understand and if- it has to intellectually appeal to them. If it doesn't intellectually appeal to you, if it doesn't make sense to you, then why do it? But obviously it did make an impression on a couple of these physicians, who otherwise would've never done it. Who had no - They knew about it, but they had no desire to even try it.

But after they saw the evidence, that changed their minds. And that's what it comes down to, right? The difference between an intelligent mind and an unintelligent mind, is that an intelligent mind can process it. An unintelligent mind can't process it. So actually, I'm gonna step back for a second and go into a different arena, if you will.

Let's talk about stupidity versus ignorance for a second, alright? So, I actually have a scientific formula, it took me a couple months where I made a mathematical formula that defines ignorance versus stupidity. So ignorance is curable. It's curable with knowledge and information. Stupidity is not curable. Stupidity means that the person is cognitively incapable of processing that information and following a logical thought process to its conclusion. That's the difference, right? So, are we going to make sense to somebody who's stupid?

And once they get to that point, and at that point can I make a person who's stupid into an ignorant person and educate them? No. I don't even have the desire to do that. My information is for those that want the information that truly want a solution.

Jonathan Otto:

Yeah, well like with NAC getting banned and all these types of things, it - If urine therapy really does provide benefits, it means that we have a medicine cabinet that our body is naturally creating by God's wisdom that no one can ever take from us. The only thing that would happen would be, "Hey, look, that guy over there, he's drinking his urine. Catch him. He's violating the law of no urine drinking."

Dr. Rashid Bullar:

In Texas, in the 1980s, Texas Medical Board actually made it. They declared urine a drug, in the 1980s. And that was from - That happened with my mentor, Dr. William Hitt, who ended up actually winning a Nobel Peace prize for his work.

Jonathan Otto:

Wow.

Dr. Rashid Bullar:

Time Magazine did an article about his therapy to get rid of allergies. And he was flying between Houston and Dallas, and he just had - All these allergy doctors were getting upset because he was basically curing all these allergies. And the Medical Board came after him and accused him of advertising. He said, "I've never advertised." And they said, "Right here." They slapped that Time Magazine article down. And he said, "That," he said, "I didn't. I just got interviewed, I didn't advertise." But he was a gentleman, and the Medical Board was gonna try to take his license. So, he just left Texas and he went to Mexico. And ended up joining a team of researchers there and won a Nobel Peace Prize for his work in immune therapy.

And it was his work in treating allergies that took me to the ARSOTA. In fact, I remember, he was in his 80s when I was in his living room in Rosarito, and I told him what I was theorizing. And he said, I was thinking he was gonna help me and he said, "That's a great idea." He goes, "Let me know how it works out." And I was like, "Well, wait a second." And he wanted me to do it. And we did. And that was near more than a quarter of a century ago, but we've treated hundreds and hundreds, if not thousands of patients now in 94 countries to help their bodies recognize the cancer as being foreign.

Jonathan Otto:

Wow. You say hundreds?

Dr. Rashid Bullar:

Probably in the thousands. We have two patients now that are 20 years out from the cancer, Stage IV, from our treatment.

The Power of Autophagocytosis

Dr. Henry Ealy

So post-inoculation injury is a real thing. As of September 17th, we know in the United States that the CDC is reporting. There are at least 726,965 reports of post-inoculation adverse events. Another synonym for adverse events are injuries. These reports include 15,386 deaths, 5,186 deaths that occurred within 48 hours of inoculation; 20,789 people permanently disabled post-inoculation, and 20,000, right? 16,057 people who experienced or are still experiencing life-threatening situations; 66,642 hospitalizations. That's insanely high, you know, that's almost a quarter of all COVID hospitalizations. And this is in roughly half the time, and 7,267 heart attacks. And there's more. I can keep going on with all the information. It's all there in VAERS.

What gets really concerning for me, Jonathan, is all these numbers. When you go to some of the work done by Tom Renz and his team, and I didn't put it in here, it's on another page. I'll have to add it in here. When you go to the work that Tom Renz's team has done, an attorney here in the United States. He's filed a whistleblower lawsuit in US district courts. And what his whistleblowers who are submitting testimony under penalty of perjury? These people are saying, "Yes, I know this so well that I am willing to go to jail. If you can prove that I'm lying about this."

These people are risking everything, these whistleblowers, and God bless them for doing it, are saying very clearly that all of the data I just said, all the numbers, you can multiply by 5 because that's how significant the under-reporting is to the vaccine adverse events reporting system, that the under-reporting is so significant that you could multiply every number in the database by 5, relative to the experimental COVID inoculations to get a better understanding of just how extensive this is.

Now, I'm gonna tell you, 15,386 deaths with an experimental product in a 10-month time span has never happened before. That's already surreal. That's already enough to stop the whole program. We've never allowed a medical product to be involved in that many deaths and certainly not 5,178 deaths within 48 hours of inoculation. We've never allowed that to happen.

But now, imagine that there are 5,178 deaths within 2 days, within 2 days of getting the shot. And now multiply that by 5. That means that there's over 25,000 people have died within 2 days of getting the shot. And the reason that's an important thing is because people often say, "Well, correlation doesn't equal causation." Well, what would you call it if somebody died within 48 hours of getting that shot? They were otherwise healthy before, and then they died. And I got a story about that in a second, too.

So, I got the opportunity to work with someone who was showing signs, extreme signs of vaccine injury, post-inoculation. I told this story on my radio show 2 weeks ago, or it might have been even just last week, I don't remember. But this story moved me because the person was

not only administered and experimental COVID inoculation, they were also, Jonathan, administered I think it was 6 other inoculations simultaneously.

The pharmacist, this is exactly why a pharmacist should not be allowed to administer inoculations. The pharmacist felt that it was okay to give this man 6 shots. He's totally healthy, not on any medications, excuse me, on 1 medication and not for any kind of metabolic issues. They felt that it was okay to give him 6 shots in a single day, 6? It's unconscionable. How can the world could you... There's been no clinical trials on that many shots and certainly, it's been no clinical trial... There's definitely been no clinical trials on co-administration of the experimental COVID biologics with any other vaccine.

There's been no studies on this, but because the CDC has changed their stance and says it's okay, because "We know we're the vaccine experts. We know so much. It's okay," we have people around the country doing this, and they're about to do this en masse with the co-administration of the flu vaccine coming up, starting probably in October if it hasn't already begun, right? This is wrong. We need data before we can make those kinds of statements. And I think that's why you had the committee for the... Advisory Committee for Immunization Practices, the ACIP. I think that's why they all, by and large, I think 84% of them voted against the booster. And it didn't matter because the next day the CDC overruled them and said, "Yeah, we're gonna do the booster anyway."

Right? Come on. This is insanity. This is how people get hurt. Do we care? We have such little care and such little compassion for people that we are willing to charge forward and use people as cattle. This is ridiculous at this point. So I got to work with this person, of course. And I'm not saying this because I want to highlight that they got the experimental COVID inoculation and say that that's the cause. It's all of it together that's a problem. The entire thing is messed up. So what we did, though, with this person was, we said, "You know what?" Because he's fading. His nervous system is crashing. His balance is gone. He's fallen down a number of times, he's got muscle aches, he's got extreme fever, he's shaking. He's looking like he's in a really bad way, you know?

And so I'm like, you know, you come sometimes into these cases as a doctor and you're like, "I don't know what to do." And I told the family that. I don't know what to do, but I can draw on some of the empirical evidence, and we can see what happens. So the empirical evidence that I drew on was from the Salk Institute University of California, San Diego study. And I said, "Let's use that." The other information that I drew on, the empirical evidence I drew on, was all of the wonderful research that has been published on autophagy, the ability of the body to self-heal based upon fasting. So I said, "This is such an extreme circumstance. I don't know if this is going to work." Family again, does not want him going into the hospital under any circumstances.

And I said, "Look, I can't guarantee that, but let's see what we can do. I'm gonna watch him like a hawk." So we initiated a three day water fast, again, educational purposes only. We initiated a three-day water fast under supervision, intense supervision, but the thing that was unique about

this water fast is instead of it just being water only, we used water with the key nutrients. We could use these nutrients, L-arginine, serrapeptase, and glutathione. We could use them because they were zero calories. So they weren't going to turn off autophagy. That's when you know your body's in fasting mode, you know your body's in self-healing mode when it's hungry. That's the key sign that people have to be hungry, right?

You need to let yourself, I think in this day and age, be hungry every day. You need to feel hunger before you eat in the next day. And that's where something like intermittent fasting as a lifestyle practice can be so effective. We actually did a whole show on this on my radio show as well. So anybody going that wants that, you can go to the *America Out Loud* platform.

So you go to americaoutloud.com. I don't know if Ecosia's gonna let me see it, you know? Don't you love this? This is in real time, you can see how something that should pop right up, then kind of trying to track and see where people are coming from. Okay. So if you go there, and you go to, you can either go to shows and go to Energetic Health Radio, or you can go to Our Team, and you can see me, I'm right there, Dr. Henry Ealy.

And when you click on that, it'll take you to everything. It'll take you to all of our recent podcasts. So here's that post-vaccine injury case study, and I'll talk about who Simone Scott is in a second. You can see also on here some... Occasionally I have a column that I've written, The Empirical Evidence for Preventative Strategies. So it takes you to everything on there. So if you just go to my name on America Out Loud, it'll take you to all the podcasts, and you can go through that and read everything.

So, when we're looking at the post-inoculation injury, with this case, what we did was the 3-day water fasting with nutrients. So we took nutrients that wouldn't turn off his autophagic response, and it was nothing short of miraculous in my opinion. We had a guy that was fading fast, go from fading fast, and really, there's times clinically where you're working with a patient where you're like, "I'm uncertain of the outcome here." To go from that sense of, "I'm very uncertain about the outcome. I don't know if we're gonna have to call an ambulance and put him on it and see if somebody over there can do something although, I don't know what they would do. They might send him home based upon previous experiences. God knows." So what I ended up doing, you know,

To see the transformation in just 3 days, to him go from stumbling around falling, a lot of pain, tremendous pain, sweating, muscle aches, body aches, his whole spine, he said, just felt like it was on fire. To go from that experience to 3 days later of just using water and key nutrients to him walking around and talking and feeling and showing that he's coming back like he's recovering. He wasn't recovered fully in 3 days, but he was recovering, and it was very obvious.

And then what we did was we followed it up with 11 days of nutrient therapy and good organic plant-based nutrition. And I thought we were gonna have to do a second cycle of fasting, and we didn't. He was fully recovered from a very intense and very, in my opinion, life-threatening adverse event. He was fully recovered at least to the point where we can say there's no

additional effects of the post-inoculation injury. By the end of the 14 days, he was done. So, it's something definitely to discuss with your medical professionals. In theory, I think right now that autophagy is that proverbial off-switch for the people who've received the experimental COVID inoculations, but I wanna be clear that there's no peer-reviewed studies to substantiate that at this time that I've seen out there.

So it's really just working off of a theory right now, but it's a theory that we've seen play out clinically. And I've seen this now play out with 3 cases that I've worked with - with this process of water fasting with nutrients followed by 11 days of immune priming so that there's a complete 14-day regimen. I have had one person that I've been working with, consulting with, who did two 14-day cycles. So a cycle would be 3 days of fasting, 11 days of nutrients plus organic plant-based nutrition. She did 2 of them and she said she's 97, 98% recovered. You know, she just said there's a couple little small things, but it's just her nitpicking at that point. But she looks good. We've seen this working with some people and I think it's something that, again, as medical professionals, we should be discussing this kind of stuff.

Jonathan Otto:

Amen. Right on. So that's fantastic. It's interesting, so this woman, she did 2 cycles...

Dr. Henry Ealy:

The 14 days. Yeah.

Jonathan Otto:

14- 2 cycles of the 14 days of you call it immune priming.

Dr. Henry Ealy:

Well, what it is - So it'd be- What we've done, and again, educational, I got to keep saying this educational purposes. Right?

Jonathan Otto:

And we're talking about what she did.

Dr. Henry Ealy:

Yeah. We're talking about what she did and yeah, things like that. God, goodness. The craziness that we have, "I got to jump through hoops with my words." So, first is that she did 3 days of water fasting with some nutrients, with the serrapeptase, L-arginine, and glutathione only, okay. Just very minimal nutrients, but we wanted nutrients to help break down spike protein, or at least in theory to break down the spike protein. And then that's followed by 11 days of continuing those nutrients. But now you add in the immune priming nutrients with it, the Vitamin D, Vitamin C, Vitamin A, zinc, all that stuff. You add all that in, along with the L-arginine

and the serrapeptase and everything, and she added all that into it, along with organic plant-based nutrition.

Dr. Henry Ealy:

And it's that 3 plus 11 that makes a 14-day cycle. And then, she did that a second time. So she followed it up because she felt like she needed to do it a second time through and working with her medical team where she was 'cause we advised on that. And her medical team supported her on it, and thank God they did, you know, on it.

So we've seen some significant clinical success albeit in a very small sample size. I think we wanna be, you know, very objective here, using 72-hour water fasting plus fasting nutrients. So let's go see what those fasting nutrients are: L-arginine, liposomal glutathione or N-acetyl cysteine, serrapeptase, and liquid iodine. Those are the fasting nutrients.

Jonathan Otto:

And these are all over the counter. I mean, people can order all of these on Amazon, for example.

Dr. Henry Ealy:

Yeah. They're readily available through multiple sites and points of service. Yeah.

Jonathan Otto:

And to me, it would appear unlikely that people would get a source of this that is completely toxic and doesn't work at all. Are there certain things you would look for to avoid that?

Dr. Henry Ealy:

I use medical grade products, so I'm pretty much using companies that I trust for things. That being said, you know, I don't wanna give out what those companies are. I don't wanna endorse any company or anything like that. I think you look for... I think it's incumbent on every consumer now to really do their background work on companies they trust and things like that. But as far as how to vet a company for serrapeptase or liquid iodine or anything like that, hopefully, you wouldn't- God, how do I say this? This is something I teach students at the Energetic Health Institute on how to do. I actually have them call the company and talk to people. And to me, one of the things, if I can't get on the phone with somebody and ask them some questions, it really makes me feel like that company, I'd have some questions about them and be more reluctant to use them.

But I think when you're at this point for a lot of people, it would be make sure you discuss this with your medical professional before you do anything, number one. And if you and your medical professional are in agreement and move forward with it, I would trust your medical

professional to help you identify great sources for all this stuff. But I do think whenever we're talking about fasting, you want to work with people who know how to fast and who have practiced it before and have that medical acumen for it because there can be a- 72 hours in my experience has been very, very safe. The longer fasts get more concerning, but anything could happen, and it's just, it's not a good idea to- In some of these uncharted territories that we're in, it's not a good idea to do things without supervision at all.

So that'd be my thing. And that's what, that's the point we make here right here, Jonathan. Do not do this without medical supervision, by qualified professionals. You know, I think that's very important for everybody and especially people who've never really fasted before 'cause there's a lot of sensations that can go on that people can misinterpret. There's a lot of sensations that people can overlook and you really need somebody who knows what they're doing to do that. And so we're encouraging people, and this same encouragement goes out to medical professionals. If you're working with patients and you're considering this, do not attempt water fasting a patient unless clinically trained to do so.

In fact, everything on this page right here on the covidcon site is really written for medical professionals. It's not necessarily written for people. It's definitely not written for people to enact on their own, but it's not even written in that language. It's written as if we're talking to medical professionals that we wanna educate medical professionals on how they can do the best job they can do for patients based upon what we've seen clinically over the last 20 months.

Jonathan Otto:

And we also recognize the diversity of circumstances. I mean, there's people around the world that are starving to death, have been involved in many, many situations of that nature. Do you want to just pull that up again? Sorry.

Yeah, so people's accessibility to certain things, we understand all these facts, but we're just sharing information. We're sharing what these people did. We're giving all necessary disclaimers, and then we're sharing the research behind things such as fasting and the effectiveness. And so I think that some of the aspects that people have their research ways in which they do things like reading reviews and there's things like this that can be very helpful. So using the L-arginine, which is 1,000 milligrams twice a day, and then liposomal glutathione, which is 250 milligrams per day. And serrapeptase, which is 80,000 SPU, which would- I mean, is this in a 60 capsule bottle?

Dr. Henry Ealy:

Again, it depends on the company and people should be really going. These are things that we've used clinically with the small sample size of people that we've seen effective, but people should discuss this stuff with their medical professionals and adjust accordingly. These are just- This is an idea of where people can begin. This wouldn't be something where I'd say, "This is how you should be dosing it," and all that other stuff. I'm never gonna say that. And I would never tell somebody to do that. Every situation is unique and it's really incumbent upon medical

professionals to do a great thorough health history, understand mechanism of actions for all of these things, especially fasting and before utilizing it, have some experience with it personally and clinically, you know, before they do it.

And I understand that that may be a very small subset of doctors who have this ability, but those are the people that I would rely on if I was a patient looking for somebody. I'd rely on somebody that knows how to fast and knows how to do that. We provided some references here. One of them is from the Valter Longo Foundation, which is Valter Longo, is the research scientist out of the University of Southern California, who has done some really spectacular work on autophagy and a variety of things, neurodegenerative disease, cancer. He's shown that fasting as every bit is effective as chemotherapeutic drugs in his research. And he's gotten a lot of acclaim for it.

The big problem to me with all the keto stuff is one, the quality of meat people are choosing to use for it. It just seems like an evolution of the Atkins diet to me in a lot of ways. But to me, the source quality for meat is very important. I think that's not something a lot of people pay attention to, who are practicing that diet. And I support people exploring whatever they, you know, wanna explore, you know, with things like that. But I get concerned about that and I get concerned about that especially because diet cheap meat typically has a much higher percentage of arachidonic acid in it. And it's the arachidonic acid, when mixed with saturated fats, that leads to a lot of the degenerative conditions associated with meat consumption, a lot of the cardiovascular decline, a lot of the arteriosclerosis and atherosclerosis. It's the combination of excessive levels or high levels of arachidonic acid in conjunction with saturated fats.

Those are 2 substances that are found typically in very high quantity in low quality, confined animal feedlot operation meat. You know, so, for anybody exploring the keto diet, I would say, make sure that you're adamant about your source quality of your meat, free range, pasture raised, humanely raised, wild where possible, meat 'cause those are the animal tissue that's going to have less arachidonic acid and have more nutrient density. And we have ample studies showing all those things. It's when you get- When you're using- When you're going with keto and your source food is really feedlot meat, you're setting yourself up for problems.

Jonathan Otto:

And I think that there's some really interesting factors as well. Historically, you look at gladiators, for example. They were plant-based, which is surprising. We know this from autopsies that have been done on the bones, the specific type of paleo autopsy and the acuteness of their minds for that battle, as barbaric as that is, was very important. And you look at, you go back to Egyptian times and they had all the same to diseases that we have from cancer to obesity, to heart disease and the long list of those diseases, the mummies being surveyed, or being studied with this same type of autopsy. So it, to me, is very interesting to see that during those times they wouldn't have had, I believe for this, the low quality type of meat that we have today, but the excessive consumption of it was there, really the issue.

And I think that that was proven true with the blue zone studies as well because the blue zone studies with 100-year-old people, it also made sense that, you know, go back 100 years, the cattle was more natural than what we have now, but yet it was still the societies that had less meat intake that did much better. And they were intaking meat from the maximum was once or twice a week, but many were once or twice a month. And then the only blue zone in America was actually completely vegetarian. So I think that longevity and resistance against disease is less, less to know flesh foods, but I understand that that is a religion for a lot of people in a sense of, to invite people in a path like that. And I think, don't make it religious and just make it about health and just make it a journey. And if you disagree with me, it's no big deal.

Dr. Henry Ealy:

Right. The thing that we- I encourage folks that are exploring high meat diets to do is to make sure that you're getting at least 12 grams of fiber in a day somehow because we know that that's gonna help offset some of the excess arachidonic acid, saturated fat consumption, and other toxins that are associated with meat and the metabolic breakdown of meat. I think it's also you know, very important for people who are doing those kind of diets is to understand that plant-based diets, like we alluded to earlier, the big part of the plant's immune system are antioxidants. So there's a great deal that you're missing in terms of augmenting your body's production of antioxidants. And so the teaching concept we have at the school called layers of protection, that when your diet is meant to provide an immunological protection for you.

And that's where you need the plant-based diet. Doesn't mean plant-based we say that you have to be vegan, but it means that the majority of your meal, the more majority of foods that are going in your body are organic and plant-based because when you do that, you're building a layer of protection that allows your body then to build a secondary layer of protection. Based upon the antioxidants that our bodies makes. A lot of people don't realize that the human body makes its own antioxidants, glutathione being one of them. And then, below that we have other layers and that's where the immune system comes in. And below that, that's gonna be where the adrenals and some really key glandular activity takes place.

But when you are eating a diet that is high meat, if not all meat and you're missing out on very important things like fiber and antioxidants from the plant world, then what you're essentially doing is putting a tremendous amount of burden on your own body to produce antioxidants. And you're putting a tremendous amount of burden on your own immune system to do the same. And it may be great from a biological standpoint in terms of people that wanna lose weight or people that want to stay very fit and trim, it may be fantastic for that, but there is a net effect that has a potential for being negative.

Natural Medicines 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:

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.

Jonathan Otto:

Hmm. Yeah. That is amazing. Now this whole thing with your wife having tinnitus, which is a very debilitating disease, some people want to kill themselves because of tinnitus, right?

Dr. Bryan Ardis:

That is very true.

Jonathan Otto:

It's so haunting for people to have this inescapable noise. It's evil when you think about just what it's like to have that degradation of the body and how- Anyway, you see how haunting that is for people. So to see that your wife was able to get rid of tinnitus through nicotine, and it just brings up this thing of how many other things? For example, other vaccine injuries. Are you going as far to say that there are other types of venoms or certain venoms that have gone through medications and vaccines historically, it's not just a new thing?

Dr. Bryan Ardis:

This is definitely not a new thing; in fact, I was looking at research studies from 7 years ago in England. They were spraying, as a part of their crop dusting efforts in farms in England, taking scorpion venom, lyophilizing it, meaning freeze dried powder form, and spraying it on all the farms. And that actually is known, that poison, the venom from the scorpion, is known to kill certain insects and caterpillars and worms that eat the plants, so they're using it as an insecticide. Well, as it goes onto the dirt and gets into the soil, it's going to get drawn up into the plants and you're going to eat it.

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.

Jonathan Otto:

Yeah.

Dr. Bryan Ardis:

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, 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.

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.

Jonathan Otto:

Yeah.

Dr. Bryan Ardis:

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.

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?

Jonathan Otto:

Yeah?

Dr. Bryan Ardis:

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.

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.

Dr. Jana Schmidt

Jonathan Otto:

Dr. Jana, it's a privilege to be with you again and to have you share on some of the cutting-edge issues that we face today. And, I appreciate you taking the time. We met just a few weeks ago, but now more has changed and there are some updates to what's happening. Maybe we dive straight in there and you could state your credentials?

Dr. Jana Schmidt:

I'm a naturopath, an MND. I'm a certified natural health professional, master herbalist, ordained minister, and fertility specialist, and one of America's frontline doctors.

Jonathan Otto:

Thank you so much, Dr. Schmidt. Now Dr. Schmidt, when it comes to the issues that you are seeing that are the most pressing for this moment in time, especially what's transpired now at the start of the year 2022, what do you see as being the big issues at bay?

Dr. Jana Schmidt:

Well, there's more and more alarming rates of injury due to the COVID vaccine, so I'm getting more and more people coming to me asking, "We made a mistake," and asking, "What can I do if I received the jab? Is there anything I can do to reverse this?" Well, we are finding more and more opportunities to help people that did receive the vaccine.

Lots of good detoxes, things to help remediate blood clotting. And, I've done a whole article on this in great detail with resources. I've also conferred with Dr. Judy Mikovits on one particular item, and that's called DMG, dimethylglycine, to help repair the DNA in the cells from the damage from the spike proteins. And this is not just for people that's received the jab that are having problems, but also for people who are not vaccinated that are having an injury from the transmission of spike protein, to them. So, we're finding some ways to help people live with this and help people get well. So, that's good. There's a lot of hope.

Jonathan Otto:

Dr. Schmidt, can you tell me more about this compound and how it works? And how do people take it? Can they find it online? Is it a natural substance? Is it a drug? Is it a mixture?

Dr. Jana Schmidt:

No, it's a natural protein that occurs in the body. Very, very rarely in food, but dimethylglycine has been used to help attention deficit and focus in the past, but it also repairs DNA damage. So, as I understand, it is working beautifully for repairing damage in the cell from the spike protein damage. So, that's really good. That's really hopeful because that's something that we're

looking at happening in every organ of the body with the mRNA spike protein. Another really exciting, I mean, there's lots going on, right?

That's one thing I hear a lot about. There's also other things coming down the pipe that we're also concerned about, other viral bioweapons that we need to be really aware of. Not to be afraid, but just to be aware that it can happen and to really build our immune systems to fight up against anything. Yeah. And, I got that information from Dr. Yan, who is the Wuhan Chinese doctor whistleblower. And, she's been sharing with me some information about what's happening now in China and what they're trying to unleash on us presently.

Jonathan Otto:

Wow. All right, thank you for sharing that, Dr. Schmidt. And, how does somebody take this substance? Can they find it online?

Dr. Jana Schmidt:

The DMG? Yes, you can find it online. Dr. Judy has a new website. It might be on her website. It's definitely on mine. And it's just a small tablet. And the details of how to take it are on my website as well, because it might be different for different people. You might need a consult for that.

Jonathan Otto:

Sure. Exactly. And this thing can definitely be helpful. And yeah, what do you find is the general range where people typically fall within, just from your experience? Is it like a capsule a day?

Dr. Jana Schmidt:

Right, exactly. A capsule a day. And I guess it depends on the extent of the damage, but usually it's something simple, like 1 a day, it's super simple. Oh, and my website is Jana's All Natural. So, if someone's looking for help and for guidance, I can help them.

Jonathan Otto:

Okay, great. Is that with or without food, or how does that work?

Dr. Jana Schmidt:

Well, I think with food is better in this case. And, if you're using it for something else it might be without food. But in this case, for DNA repair, I would say with food.

Jonathan Otto:

Are you seeing any help with fasting? People getting help and assistance with fasting?

Dr. Jana Schmidt:

Absolutely. Right. Fasting is a great way for DNA repair as well, and detox. Even intermittent fasting has helped a great deal. For people that maybe aren't familiar with fasting, they can do intermittent fasting. And for those who don't know what intermittent fasting is, it's just you shorten the time that you're actually ingesting food. And you go a little longer in the morning before you eat and you stop eating a little earlier in the evening. And that can make a huge difference in your health.

Jonathan Otto:

Yeah, wow. Thank you. And what would you like to say? We've talked in the past about using fulvic acid, and humic acid as well, as a binder. I think that these are good compounds to use because we don't know everything about what's in these shots, or anything like that.

Dr. Jana Schmidt:

We don't. We don't, so binding compounds are important-

Jonathan Otto:

... using binders?

Dr. Jana Schmidt:

Yeah. Binding compounds are important. Binding compounds are important for sure to help get these out of our bodies. That's definitely a great supplement and I think that's listed on my website as one of the detoxes as well. I wanted to share something really exciting that I just got off, literally 30 minutes ago, with GoldCare Clinic doctors and we're getting ready to unleash or roll out the new GoldCare Clinics.

Dr. Jana Schmidt:

And these are going to be clinics separate from government control, separate from insurance. And the first one's going in, outside of Orlando. And we will have a team of doctors and a team of nutritionists, naturopaths, all kinds of wonderful people that are going to help keep people well. And so, this is something that you can join.

You can do telemed this way as well or in person, but they're about to roll out all over the country. And, this will be the first one in Orlando, which is not too far from me. And we're pretty excited about being able to offer true healthcare. And, we focus on nutrition, diet, detox, and giving the patient as much information to make a wise decisions for themselves. So, we're pretty excited about the clinics.

Jonathan Otto:

That's truly awesome, Dr. Schmidt. And what do you think is some of the big standouts about that process that people can look forward to? What is it about, that you find, that answers the problems that people are facing?

Dr. Jana Schmidt:

Well, personalized care for sure. So, it's not just one-size-fits-all in treatment, so personalized care. And not just a pill for every ill. We're looking at the whole person. We wanna help the whole person stay well, get well, stay well, and be empowered with the knowledge that they need to do that without anybody having to say, "Oh, you can't have that or you can't do that based on your insurance or based on hospital rules."

We want the patients to come and know that their health is our main concern and that everyone in the team is working together. And they'll have access to archives of different health articles. And, from what I understand it's a monthly fee and then they can just use it as much as they want.

Hyperbaric Oxygen Therapy (HBOT)

Jonathan Otto:

Jonathan Otto here with Dr. Ted Fogarty and Dr. Bradley Meyer. And I'm really excited to be connecting with you both. Really important work right now with the hyperbaric chambers, what they do. This information actually I find hard to come by, real quality information that helps people understand how they can use devices like the one that you're in now, Dr. Ted Fogarty, which is great. He's not at the space station or the alleged space station. Sorry guys, just saying. But he is right now in a hyperbaric oxygen chamber.

So, hey look, I'm going to put the floor over to both of you if you could share your background, medical background, and your work. And then what we're going to do is, we'll chat about disease reversal, all disease. And so look, we'll chat about COVID, and specifically, I'm very interested in vaccine injury recovery and disease reversal, period.

Because I'm somebody that has believed for a long time, a lot of the chronic diseases we're seeing today, have a connection to vaccines. So because of that, my focus and my research has been heavily on therapies that help to undo the damage just simply by using the body's natural processes, not by anything magical, but a system and a process. And this is one of the best ones I could think of because it's just breathing, but it's the quality of the air and the density of the air that we're breathing, and much more than that's beyond me right now. So I'll put the floor over. Thanks, Dr. Fogarty and Dr. Meyer.

Dr. Brad Meyer:

Absolutely. Alright. Well, I'm a family physician and an Iowa native, so the upper Midwest, and trained in Des Moines. I'm a DO, Osteopath Physician, and an Air Force veteran. I did my

residency training at the University of Nebraska Medical Center in Omaha. And I was one of the doctors, the rebel doctors out there treating COVID early in the course of the infection, using things like ivermectin and hydroxychloroquine, vitamin D3 that ultimately got me my pink slip and dismissal from the hospital corporation here in Northwest Iowa. And one of my patients that I was treating long haul COVID injury... she introduced me to Dr. Fogarty, and he has introduced me in turn to the world of hyperbaric medicine, mitochondrial medicine, and wellness. And it has absolutely blown my mind, and will be excited to get into all the fine details of how beneficial hyperbaric therapy can be for everybody.

Jonathan Otto:

Dr. Meyer, let's chat with you. How about we just dive into your expertise and what you've discovered about what are some of the most cutting-edge protocols to reverse disease?

Dr. Brad Meyer:

Right. So as a family practice trained traditional western medicine doctor, my brain has been absolutely bgo the last two years, in a good way, because going through medical school through the Rockefeller system, we're all indoctrinated. And I was trained, as was Dr. Fogarty, so much on the pharmaceutical end to treat chronic disease. And we really do a horrible job with chronic disease in the healthcare system. We're not working to get people healed and well, and so when Dr. Fogarty was sharing with me over the course of the last year and a half, some of the case reports from around the world, and with Dr. Harch down at LSU, it sounded too good to be true. It's like, this can't be, because if this is so good, why didn't I hear about it? Why haven't my colleagues heard about it? And why isn't in practice around the world at a level where it's common knowledge. And it's ultimately a market disruptor is what I found with the hyperbaric therapy.

Dr. Fogarty and I opened up a clinic once I got let go by the corporate organization that I was working for, for early treatment of COVID. I was giving informed consent to my patients, telling them I was advising against getting the COVID injection and giving them consent nobody else was giving. That got me my pink slip. And so, what doctors normally do, what we used to do a lot of, is innovation and trying to find the window when it looks like there's no other treatment options. And what came down with COVID, was the three letter agencies and our hospital corporations were basically giving us a list that we could use, which was basically do nothing but remdesivir and intubation IV hydration to take care of patients. And what I found was that there are so much more, and one of them being hyperbaric therapy.

Dr. Fogarty and Dr. Harch specifically reference a New York University study early in the pandemic where 80 plus percent of patients that got hyperbaric therapy with COVID at NYU, were going home alive, versus those that were intubated, were not going home. And so, the hyperbaric side for not only the COVID pandemic, but what we have done, Dr. Fogarty and I here in the continued COVID aftermath after people have had all this vaccine injury and spike protein injury, what we have we've found is that Dr. Ted, Dr. Fogarty knew about the broad application of hyperbarics in addition to COVID, but we put it into practice here in our clinic together as partners here. And we have treated over the course of the last nine months, not only

COVID vaccine injury and spike protein injury from COVID itself, all kinds of conditions. We've had folks post-stroke coming in to our clinic here that were coming in, in wheelchairs.

And in addition to doing their physical therapy, occupational therapy, incredible. I mean, we've seen miracles walk out of here. Traumatic brain injured patients that came in wheelchairs that are now walking. We've been reversing dementia cases with our patients coming in here. Usually, memory loss we're always taught, is a one-way street. And we've already had two plus dementia recoveries with hyperbaric air therapy at low pressure at 1.3 atmospheres. I could go on and on and on about all the different disease states that it's blown my family practice's mind how broadly applicable to so many chronic diseases hyperbaric therapy is.

And if more people across the world knew this and more doctors knew about this, you would see this everywhere, because our MS patient, multiple sclerosis, that had a really horrible foot drop, 47 years old, she does 10 hyperbaric treatments in the clinic, and her foot drop goes away. And so, these are the kinds of things that it sounds too good to be true or almost woo-woo, but our team, Ted and I's team of nurses that have been in this COVID war, COVID pandemic in the hospitals, they left that battered environment and have joined our clinical practice, and every day they're getting to see miracles here. So again, it's mind-blowing in a good way.

Jonathan Otto:

That's so fantastic. So many different disease states. Did you ever do integrative, for example, did you do hyperbaric and dietary, or just the only thing that you were isolating was simply the hyperbaric?

Dr. Brad Meyer:

Right. It's very much an integrative approach. And so, it's still medicine, it's still an art. And we follow the patients, our guests, as they go, but sometimes they need to see the functional nutritionist. Sometimes they need to have some other modality, Mito red light therapy, pulse electromagnetic frequency therapy. There are a lot of different ways, adjuncts that make the hyperbarics even that much better. But I would say the crown jewel still is the hyperbaric therapy.

Dr. Ted Fogarty:

But to point of fact, Jonathan, I received a very small monetary amount from the North Dakota Federal Cares Act Grant. I was awarded an Innovation and Communications and Pandemic Ration Nutraceutical Production Grant. Basically in October of 2020, I got the blessing of the Department of Agriculture from North Dakota to come out with these protocols that we're using in Iowa right now, in our clinic in Okoboji, Iowa. But one of the stipulations was, I had to communicate these innovations.

The primary innovation was the use of mild hyperbarics for COVID, and with the concept that we were already starting to see long haulers, even in late 2020. But also, I created a designer super nutraceutical that is really tailored toward mitochondrial nutrition. It's basically a blend of the three amino acids that create glutathione, glycine, cystine and glutamine, that blended together with spirulina, which is if everyone should go out and do a search on PubMed on spirulina and viral, and you'll see all this literature on the antiviral pigment effects of spirulina.

There's also anti-cancer effects of spirulina, there's also neuroprotective effects of spirulina, and radioprotective effects of spirulina. And as Chair of Radiology at UND, I started out years ago, starting advocating for getting spirulina into our patients that are going through elective CT scans and other radiation-based imaging modalities. And so, you combine the spirulina, the glutathione amino acid precursors with beetroot powder.

And if anybody wants to just go check my math on this, you go to PubMed and type in beetroot and vascular, and you'll see the world's scientific literature on how important beetroot powder is for the generation of endothelial nitric oxide, which then translates into exercise science and physiology literature, into athletes using beetroot to improve their performance. But what I did as a creative physician battling a pandemic under federal funding was, I took the concept of the nitric oxide in the beetroot, and the antiviral impacts of glutathione, which Tony Fauci in 1991 proved it with US tax dollars, that increased glutathione levels can shut down RNA viral proteins such as the kingpin protein reverse transcriptase.

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

And then Brad and I have a website where you can obtain purple powder, it's thepurplepowder.com. Pretty easy to remember. But this is literally, it's a designer nautical taste tested by the Department of Ag Commissioner of North Dakota. I gave him three different blends, and the one that we have is the one that he figured taste the best. And so, when you get down to simple nutrition, simple nutritional principles, and even what I'm doing right now, is quantum physics nutrition of my mitochondria through gas nutrients.

I'm increasing my nitric oxide expression in this chamber by increasing the amount of nitrogen gas in the air and oxygen gas available to my cells with nitric oxide synthase, to create more nitric oxide in my body right now. So this is truly, I'm just teaching across state lines in the middle of a murderous racket led by Tony Fauci, how we can all save our own lives through these simple techniques.

And off the shelf from farm and ranch country, which is where me and Brad practice, we have a national stockpile of medical countermeasures called Ivermectin horse paste. And I had broadcast this across state lines multiple times on multiple AM radio stations, that if you have a loved one and you're not going to take them to the hospital anyway, and you're a farmer, rancher, you own horses, grab the horse paste, rub it around their neck and on their back and get some spirulina if you're close enough to a big metro where you can get spirulina in a natural grocery-type store and health food store, and get as much spirulina and as much ivermectin into that loved one of yours. And that's where the true grit of the rural counties of America is completely behind me and Dr. Meyer in saving lives in the face of this Fauci and fraud.

Jonathan Otto:

That's awesome. That's so great. So practically speaking, some of these tools, they're very accessible. For example, the horse paste, quote, unquote. I mean, Dr. Ed Group is telling me that, that's the one he chooses to take, even when he has access to the other one, the human one, he prefers the horse paste because it doesn't have the additives.

Dr. Ted Fogarty:

Same here.

Jonathan Otto:

So you would actually consume it, you'd put it into your mouth, right?

Dr. Ted Fogarty:

No, I do it transdermal because I have had an integrative medicine practice of several kids in the whole autism realm. And just even being as a parent, transdermal dosing of any supplement is better for kids than anyone else. And then, when you have somebody who's sick with COVID, a lot of times the infection, what's going on is actually impacting the bowel. There's nausea, there's other bowel issues, and it's just easier to go transdermal with the horse paste than to actually do the oral route for people who are already dealing with nausea with any kind of viral gastroenteritis.

Jonathan Otto:

Okay, fantastic. Any other protocols that you guys can share specifically so that people can go and do them? For example, let's say it's with hyperbaric, let's say that they have to find something in the country or the state that they're in, how do they go and do that, and how many times should they go? What do they look for? If someone's going to purchase a hyperbaric chamber, what should they look for? And then, what kind of diet should they be on while they're doing it? What kind of water should they drink? Does it work well with, say for example, coffee enemas? I've been at clinics where they did hyperbaric coffee, enemas, other therapies, and you mentioned a couple of them.

Dr. Ted Fogarty:

The International Hyperbaric Medical Foundation, and there are a number of other foundations and networks, and groups in the hyperbaric realm in America who have outreach websites. And so, there are a lot of hyperbaric chambers on the ground, in homes, and in some of these smaller clinics, away from the hospital system that people can access. But there's major political hit job going on right now, from the AMA, the UHMS, which is the major high-end Medical Hyperbaric Professional Society, and the FDA. They're starting to employ fire marshals to close facilities that have soft chambers like the one I'm in, and they're getting closed and shut down because they do not have a physician physically in the clinic administering to the facility's needs for medical supervision of even a mild hyperbaric chamber facility.

And it's actually pretty bogus because they're using fire codes that have been on the books for years. And they're also, at some level, Brad and I, we're physicians doing this anyway, so it's in our scope of practice, but I've always advocated in this entire realm and industry, all you really need is air for most things. And so it's the safest, most accessible, and easiest thing to do is, don't put somebody in here with additional supplemental oxygen when they really probably don't need it, except if they're in a crisis that's so acute that they really should be going to a medical grade facility. So that's where we're dealing with a huge political cabal and racket, that basically the AMA is trying to shut down anybody who's not a physician using any of these soft chambers to heal people and get them through whatever it is.

And what we have found as probably the busiest clinic in America with soft chambers as physicians, Brad and I have found that this is the best way to reverse long hauler very inexpensively, just air pressure therapy. The first case we did in January, it was a Saturday, I did it pro bono in the clinic with a wonderful woman who was a regular singer choir person at her church, who could no longer even sing a song for more than 30 seconds before she was so winded that she had to stop or she was going to pass out. So I put her in one of our chambers before we had officially opened our doors, and had her in there for about five minutes. And I'm getting this history from her husband, her soulmate, and she's in there and I'm like, "This is my church time with you guys. It's not Sunday, it's Saturday, but this is where I thrive. This is where I thrive."

Jonathan Otto:

That's the day I worship.

Dr. Ted Fogarty:

This is where I thrive in my professional and spiritual mission. I'm just like, "Do you think she could sing Amazing Grace for me?" And he was like, "If it's anything like the last month, I don't think so." But I'm like, knock, knock, knock. I'm like, "Hey, can you just try and sing Amazing Grace? Just sing it for as long as you can." She belted out all kinds of church music for over half an hour inside of this recording studio of 30% more air pressure. And so Jonathan, just to allay

the audience and help people understand that this chamber in the Colorado Rocky Mountains at 10,000 feet, is virtually flying you down to the level of Omaha, Nebraska by air pressure increases. And so, is that really that dangerous? And do you really have a fire risk when you have compressed air toggling between 30% less and 30% more? No, you really don't.

And every person who's ever flown commercial and all of the airline pilots and all of the flight attendants, they're sleeping at 30% more pressure during the night, and then they're jetting up to their workspace. And so occupationally, they all work at 9,000 feet all day long, and then they're sleeping again at a 30% increased gas pressure. And when we look at the pandemic and you look at the industry, what industry should have been hit real hard with the pandemic, especially on the front end, we should have had all these pilots and especially flight attendants should have been getting sick left and right. But they're not, because they're toggling in a mild, gentle stress altitude shifting zone that it's actually exercising their mitochondria and rehabbing their mitochondria. Every day they're flying, it's a mitochondrial exercise and physiotherapy at a gas-based level.

That's why this whole industry, and me and Dr. Mickey Keim, the godfather of Hyperbaric Medicine at UNMC where remdesivir was trialed and we were shouting into all of Mickey's old pulmonology buddies, you better get into Mickey's old chambers if you have COVID, you don't go on the ventilator. But we were scratching our heads at the front end of this as physiologists and hyperbarics, trying to figure out how come the airline industry wasn't really decimated by a whole bunch of COVID infections at the front end of this. And so, one of the working theories since the start has always been, they're athletes of altitude, they're in altitude training. All these top-flight athletes that go to Denver and go to Summit County, Colorado to go exercise at altitude, and then go break the four-minute mile mark, and do whatever at sea level.

That's where this is the most powerful, simple physiology of all time for humanity. And in May of 2020, I wrote basically a four-page ethical essay to all of the top hyperbaric docs around the world, that it is a human right to be able to vary your pressure in the air column for a clinical, medical, biological wellness good, and to another geographical point effect.

In western South America, you have people who could be living at 8,000, or 9,000 feet every day, going down the mountainside to go fishing and go diving and spearfishing at 10 feet of water pressure, which is what this tank is technically as well. And so, they're increasing their pressure down the mountainside by 30%. And then when they go spearfish, that's another 30%. And so, they catch the fish at 1.6 ATA relative to where 60% more air pressure relative to where they live.

Conclusion

The dangers of the jab are becoming more and more pronounced. We're seeing so many sudden and "unexplainable" deaths that really started after the rollout of the mRNA jabs. And we now know many don't even contain the mRNA as originally believed.

There's just so much that we still don't know about these obvious bioweapons. But what we do know is that protocols and treatments are making a massive difference. People are fully restoring their health and taking back their bodies.

No one has to live in fear. But anyone who has been jabbed needs to take detoxification seriously. Even if they don't have apparent symptoms, this clot shot is notorious for "sudden death" and a quick decline in health.

The sooner those who have been jabbed start on a protocol, the better. There is also never one solution that perfectly fits everyone. But there are more than enough options for everyone to find something that does work for them. And these protocols are proving to be extremely effective.

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