

7 SUPERIOR COVID TREATMENTS — THAT ARE BEING — SUPPRESSED

AND THE CLINICAL DATA THAT PROVES IT!



VACCINE SECRETS: COVID CRISIS

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Coronavirus has taken the world by storm. It has caused destruction and heartache for tens of millions. In response to the international state of emergency, researchers and scientists rushed to create a vaccine. The Lancet reports that on average, it takes 10 years to develop a vaccine.¹

We speak to the top medical experts that express serious concerns about the Covid vaccines, including the very short time that it has taken to develop the vaccine and the very limited testing, which has not assessed the long-term effects of the vaccine.

What's more is that many alternative treatments are being suppressed — treatments that have clinically proven to reduce hospitalization and mortality rates. This is something our experts talk about in this eBook.

They will discuss which drugs have been repurposed to treat covid and how they have been effective. They will also discuss some alternative medicines and vitamins that are making a huge difference in patients with covid.

As with many things, pharmaceutical companies are pushing people to take the vaccine and are making people think that it's the only option and that other treatments are not effective. However, our experts share clear information on how these alternative medicines have worked for many of their patients.

In fact, a pilot study was conducted on the effectiveness of medicines like Ivermectin and Hydroxychloroquine. They had found an improvement of dyspnea using mMRC scale, disappearance of fever using thermometer, Fatigue using Fatigue Assessment Scale (FAS), and improvement of Oxygen saturation using pulse oximeter.²

We'll get into these alternatives in detail during this eBook. We'll start with Dr. Peter McCullough who is an internist, cardiologist and a professor of medicine at J.J. Rochester (Jean-Jacques Rajter) College of Medicine. He has completed his bachelor's degree at J.J. Rochester (Jean-Jacques Rajter) University, and has completed his medical degree as an Alpha Omega Alpha graduate from the University of Texas Southwestern Medical School in Dallas.

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



DR. PETER MCCULLOUGH

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

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

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



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We use Hydroxychloroquine to reduce inflammation in systemic lupus and rheumatoid arthritis. We use it as an intracellular anti-infective in malaria. So it makes a lot of sense that Hydroxychloroquine would work. And we have great data, 259 supportive trials, 385,000 individuals. And Hydroxychloroquine is like I say, our mainstay in COVID-19 treatment.



We have large studies as outpatients demonstrating hazard ratios here, much less than one, implying a 50% reduction in hospitalization and death from outpatient studies. We have a very large study from Iran where there's been, as you can see here, 28,000 individuals, they treat about 25% of their high-risk patients with a short course of Hydroxychloroquine plus other drugs, 30% reduction in hospitalization and death. So we have very good scientific support as outpatients. How about the randomized trials? All stopped early in a panic, but when combined, they have about a 25% reduction in COVID-19 events. Where's the problem with Hydroxychloroquine?



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

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

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





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



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



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



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



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



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

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



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

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

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



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

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



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



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

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

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



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

It gives the key treatment algorithms, but importantly, it also gives access to telemedicine services. We have four national telemedicine services and 15 regional services, about 500 listed treating doctors across the United States. And we've handled a massive number of individuals. Towards the beginning of January, we crushed our curve in the United States. Rates of new cases, hospitalizations and deaths fell for the first time as early treatment kicked in. And since that time, we've never had a significant rise. And that was long before anybody was ever vaccinated. So we know early treatment had a massive impact.



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



DR. MARK SHERWOOD



About Dr. Mark Sherwood: Before becoming a naturopathic doctor, I was involved in a lot of different things, including police work, believe it or not. Doing a little bit of work on the SWAT team. So I have a background that's very diverse. And then that kind of led me down the pathway of trying to figure out why police officers and why my colleagues were dying so early.

So I went on this mission, which led me down the pathway of naturopathic medicine. So I went back to school late in life against all advice. And so now my wife and I, Dr. Michelle Neil-Sherwood - she's a DO. We actually have the Functional Medical Institute in Tulsa, Oklahoma, where we really lead people down a pathway of true healing.

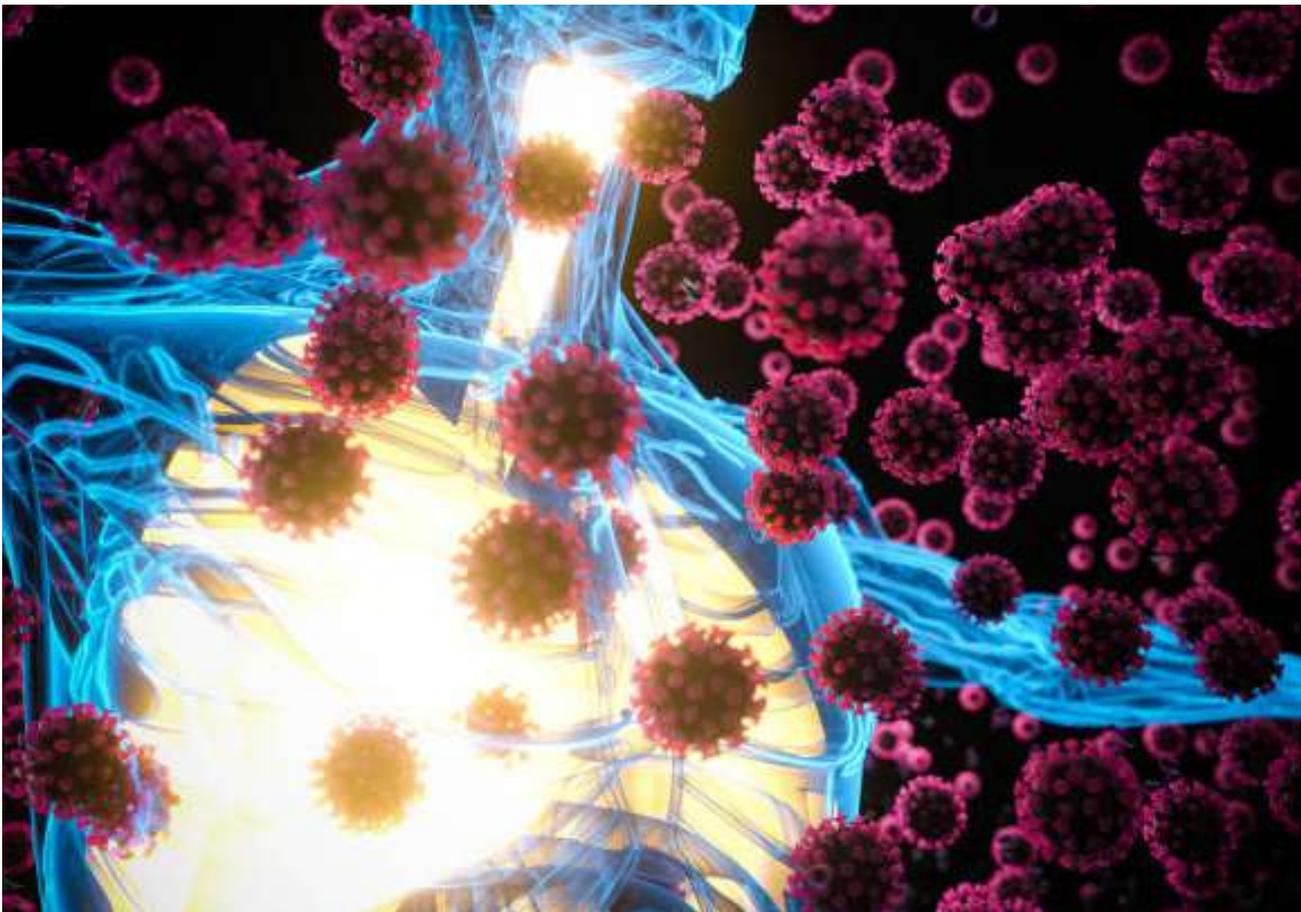
We see two purposes behind what we do. Number one is to eliminate all self-imposed choice-driven diseases, and there are many, and then secondly, we want to eradicate all unnecessary use of medications. So now we get the opportunity to speak and teach and treat people worldwide. So it's a real blessing.



Interviewer: In your experience, what are safe and effective alternatives to COVID vaccine for people both preventing and treating COVID?

Dr. Mark Sherwood: Well from someone who has had COVID. I don't mind telling you that it's true. Both my wife and I had, we did not socially distance. We did not stop touching each other and didn't really worry about it. We just trusted our system to deal with it. The body is amazing in its ability to combat and overcome things. You see, the immune system is induced in the following ways. It's induced with bacteria, parasites, viruses, exercise through injury and even accidents through injury.

And once the immune system's induced, it actually causes the inflammatory system to elevate. But what people don't understand - this goes to the question - is how can we make sure that this cascade of immune system activation or inducement and inflammation works pristine with strength, boldness, and a robustness? How do we do that? Because we can't look at inflammation as bad, and we can't look at an inducement of the immune system as bad because this is actually important to our healing process to resolve these things.



We have to pay attention to what else is going on in the body. What else induces the immune system and believe it or not, the most significant thing that induces the immune system is a standard American or Western diet. The chemically processed, genetically modified, polluted non-unfoods, Frankenfoods, whatever you want to say, anti-foods, are not meant for human consumption.



Our genes have changed 2% in 10,000 years. That's not much change. So when they see this stuff coming in, the body is induced from an immune regulation standpoint because it looks at it as chemicals. It's not right. So that in itself creates this inflammatory storm. So in the immune system, the greatest things that substantially induce the immune system are not what you think.

They camouflages these un-foods, Frankenfoods, anti-foods that we have, the standard American Western diet. It is created in a way that the body looks at it as a foreign invader and it induces the immune system, it induces inflammation and it happens so fast and so much you even go to the hospital, that's what they serve you, things that cause the immune system to upregulate. And then we want to turn it down, but we're creating the whole process. So we really have to go back and remove the things that inappropriately up-regulate the immune system, so the immune system can do its thing and bring in things that contain these things called micronutrients. Essential vitamins, minerals, amino acids, fatty acids.

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So we can fill up these buckets of these essential things that only come from food so that every system of the body, including the immune system can operate. So what we've done as our protocol, we've told people to consume a lot of above-ground, non-root, just vegetables and fruits, and just really just bombard the system with phytonutrients, with good organic foods.



I heard a saying a few moments ago that cracked me up. "Don't panic, it's organic." So I think that's interesting. That's important, but organic foods that haven't been sprayed with pesticides again, chemicals, are good. And then you have to bring in supplementation because food does not contain any more the voluminous amount of nutrients it once did 30, 40, 50 years ago because the soil has not been allowed to rest.

So, therefore, a supplementation is no longer a good idea, but it's mandatory. Here's what we've seen to be deficient in, like literally everybody. Omega-3 fatty acids. We've tested thousands of people around the world. So we've got to get the omega-3's up. Everybody that we've tested has been deficient without supplementation. So you got to bring those back in and I'm talking about essential EPA and DHA.



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Those are essential fatty acids that we cannot make in the body. We have to bring in Vitamin D at a high level. Vitamin D at a high level, I'm talking about 5,000 IU's. We have to use zinc and we don't want to go too high with zinc because it depletes copper. So zinc is important at 20 to 40 milligrams. Again, Vitamin C is important. I know a lot of people are taking it very high right now, but in reality nature doesn't contain things with a gram of Vitamin C in them. So maybe 500 milligrams twice a day, except for acute situations, is probably right.



And then finally, I will use a little bit of high dose broccoli sprout extract powder. That's important because broccoli sprout powder, if it's sort of sourced from a good quality source, actually has an effect on upregulating an enzyme called TRMP2RS. And what that does is it sort of sits on the barrier of our system and it looks at viruses and it says, "Hey, you're good, you're bad." And if it determines that it's bad, it doesn't let it in. So you're talking about a viral inhibition process there.

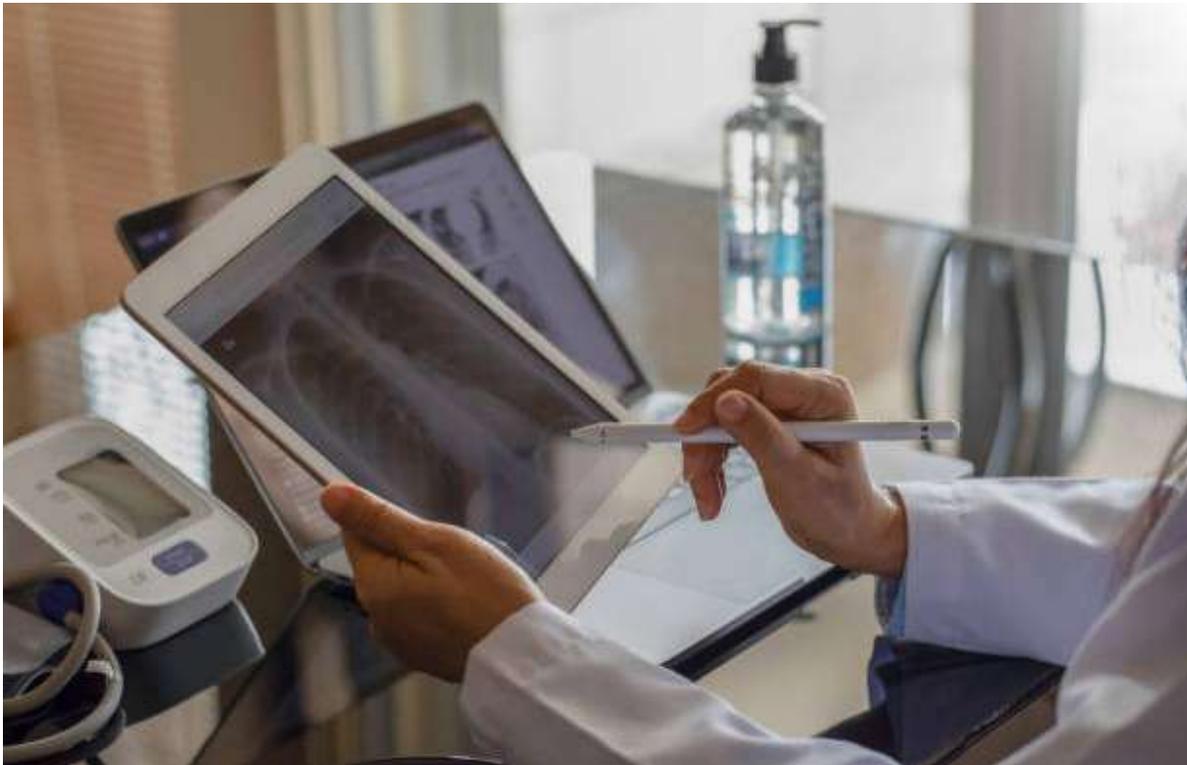


DR. ANDY KAUFMAN



About Dr. Andy Kaufman: I'm a little bit of an accidental tourist because my medical specialty was forensic psychiatry. However, actually the forensic aspect really, I think, prepared me uniquely to look at the current situation through that type of a lens where you synthesize large amounts of evidence and data to make a narrow opinion that's usually a subjective type of opinion, difficult. But I had other experiences in medicine that also contributed. I worked as a public health advisor for the New York City Health Department during the AIDS epidemic era and reported AIDS cases under a CDC-sponsored position.

And I also was a physician assistant and I worked in cancer medicine and bone marrow transplant. And so I worked with the sickest patients in the hospital, observed the chemotherapy and cancer industry firsthand. And so all these different medical experiences and scientific experiences, I think, led me to the path I ended up on which is essentially somewhat of a rogue contrarian doctor and I develop really my material by trying to get at the truth of what's really going on with health and illness. And I do this by just examining the scientific studies from the peer reviewed literature that purport to explain the nature and cause of various diseases.



Dr. Andy Kaufman: What really results in us being ill are things that we can actually control 100%, like what we put in our body. When we put synthetic chemicals and toxins in our body, it makes us sick. When we don't get proper nutrition, we don't get all the nutrients, of course, we know a lot about things like Vitamin D, but there are many nutrients that we can be deficient in including things like cholesterol and collagen, in addition to trace minerals, almost everyone is deficient in that.

And there are things that we can easily do to correct these things. We can look at what we eat and we can expand to eat more nutritious foods. We can take supplements if we need to. And then of course, there's trauma. And we know when we have physical trauma, we have a cut or a broken bone, of course, and we usually can be aware when we have psychological or spiritual trauma, and we know how to address those things to some degree or we know that we can through effort and time.



So once you understand that actually, all the real causes of disease are things that we have the ability to influence and change and allow our bodies to either maintain health or restore to full health, then the fear of a mysterious invader from beyond is not present. And this is something that makes me really sleep well at night, not only for my own health and safety, which is really secondary, it's mostly about my children, that I know that if they have an illness, it's very easy to correct and it very seldom occurs because we try to do those things that I described to keep ourselves healthy from the beginning.

Jonathan Otto: Awesome. So that really comes with a lot of peace and security because you are in control and there's things that you can proactively do to change that environment. I've actually seen this myself a lot, Dr. Kaufman, where we've been telling people for the last four or five years or so, especially over the last two to three years about detox regimes.

I know a lot of people don't like the words detox, whatever, you might feel differently about it, but getting out whether it's toxic heavy metals, parasitic infections, dealing with these through natural herbs and supplements, and we've seen really dramatic things recover many, many times and people overcome other issues, like let's say, for example, people had issues with Candida, we find that if we could resolve some of these other deeper underlying issues and those things could just resolve themselves quite easily.



What do you think about how we can target this issue of the fact that perhaps people's bodies are under some chronic infection, and we have to work to clear that infection, and so we support the body with tools so that they can't fall prey to opportunistic threats that could come along. What do you think about these types of concepts? Is there an infection there in the body that can be resolved through natural measures?



Dr. Andy Kaufman: Well, I think the term “infection” is really a misnomer, because if we look at ... so let’s shift from viruses and maybe talk about bacteria and fungi. So we all know from modern health research that our gut microbiome or our microbiome, or there are some different words to it, but we’re really talking about all the bacteria and fungi and other microorganisms that live in our body, that actually, they are critical for our health, and actually on a cell by cell basis, they outnumber our own human cells, about 10 to one, according to many sources.

So we have this awareness and it’s a relatively new thing for the general population. But it certainly has been accepted and all kinds of people, regular people who take pharmaceuticals and are consumers of the allopathic health care system also take probiotics. You see mainstream companies talking about pro and prebiotics and things like this. So the commercial industry has really taken this up and it is true. And what terrain theory is, is really a natural extension of that concept.

And it posits that the microorganisms’ role in our body is at least partially the same as it is in the rest of nature. And that is called the role of a saprophyte. We’ve all observed this in the forest, or if we have a composting bin in our backyard. When there are branches that have fallen off the trees or the brush from the end of the season that falls on the forest floor, the microorganisms essentially really from within those plant materials start digesting and they reduce that dead material to its constituent elements.



Like minerals and amino acids and carbohydrates, and then it rejoins the soil so that new life can spring from it and the same thing happens with animals' flesh when the animals die. And there's a different set of microorganisms that come for animal carcasses versus plants and such. And in our body, the microorganisms do the same renewal saprophytic function.

So let's take a typical type of what's considered a bacterial infection, let's say strep throat. Okay. Now, many people think strep throat is actually caused by the bacteria streptococcus, but let me ask you, if that makes sense, if you heard say that streptococcus is actually in everyone's body normally.



So if we took 100 people now, for example and culture their throat, and I'm talking about people who are not sick, we would find streptococcus in most of the people, if not all, but yet when someone has a sore throat, they do the same test, and they say it has streptococcus, so it must have caused it. Now why would it cause it in one person, but not in another? That really doesn't make sense.



For example, if we take a poison like cyanide, now, if I give you a cyanide tablet and I take a cyanide tablet, we would both be dead. One of us wouldn't be untouched and the other would be dead. we'd both be dead. And I don't think anyone would argue that. So why would it be this way with a germ? It doesn't make sense. And that's because the streptococcus doesn't cause the illness at all. What happens is there is some other insult that damages the throat tissue.

And most likely, it's toxic because if you ever look at your air filter in your heating system, now that is only filtering the air when the heat is turned on, not all the time. And when you change that, you see that it's filled with some pretty gross stuff and that all comes out of the air, and it has to be cleaned out. Well, when you breathe, especially if you're a mouth breather, your throat is filtering out the air, but it's not doing it occasionally, it's doing it 24/7, 365, because you're always breathing.

And so the contaminants and toxins in the air and pollution build up, they stick to those tissues in the throat. Now, this is one possible cause, I'm not saying this is definitive, but essentially, then the tissue can't function appropriately, it's damaged, because of the buildup of too much, the filter is clogged up, essentially, and so your body has to then initiate a program for the filter change.



And so to do that, it calls in the cleanup crew, which is the bacteria. So the bacteria get recruited from other parts of your body and they come in and they cause some inflammation and inflammation is like the car wash, it's like spraying the hoses, it opens up the blood vessels to get more blood in the area, and that creates more secretions, so basically the debris and dirt and dead material gets washed away.

Now, these are the symptoms that make us feel uncomfortable and we look at them as an illness, but really, this is the healing phase, because the damage was already done and we didn't really feel that and this is the repair work that we're symptomatic from and if we let this process continue to its natural conclusion, or if we do some things to support this process, help the bacteria clean out the throat tissue, then we're going to recover well and we're not going to have to have that illness for quite a long time if ever again.

But if we interrupt it with antibiotics and the symptoms go away very quickly, because the bacteria, they're eating up dead cells, they secrete waste, and the waste causes inflammation which increases the blood, like I said, that car wash effect. Now, if we kill the bacteria, of course, the inflammation is going to stop as well, because it was from the bacterial waste. So then what we have, the inflammation stops, the bacteria are dead, the healing process stops, you feel better, but your throat tissue is not healed.





And many times what happens is then you get another strep throat and it becomes a recurrent process, and many parents have seen this in their kids with strep throat. They've seen it with ear infections, they've seen it with bronchitis, all these things and if they didn't use antibiotics and instead supported the detoxification of that tissue. Things like the old fashioned remedies, like a saltwater rinse for the throat, a saltwater gargle, that actually does facilitate the cleansing because the warmth of the water will open, dilate the blood vessels and allow the toxins to come out and get absorbed.



And the salt water is physiologic and it's basically just flushing, it's just like you're rinsing the dirt off something, you're using water to cleanse. So simple measures like that support your body's natural function and help you heal completely. And so that's really what's going on when they call it an infection, but it's not caused by the microorganisms.



DR. JIM MEEHAN

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

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



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

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

But my background is, I graduated medical school. I was president of my class, in the top of my class. And I did a residency program in ophthalmology. So I'm an eye surgeon by training. I spent the first several years of my life treating ocular inflammation and infectious diseases of the eyes. Did about 10,000 surgeries. But I found it limiting. One of the things that really frustrated me about medicine was, I was paid a lot of money to treat the end stages of disease, but almost nothing to prevent it. And I really went into medicine to prevent disease.

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





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

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

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



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

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



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

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

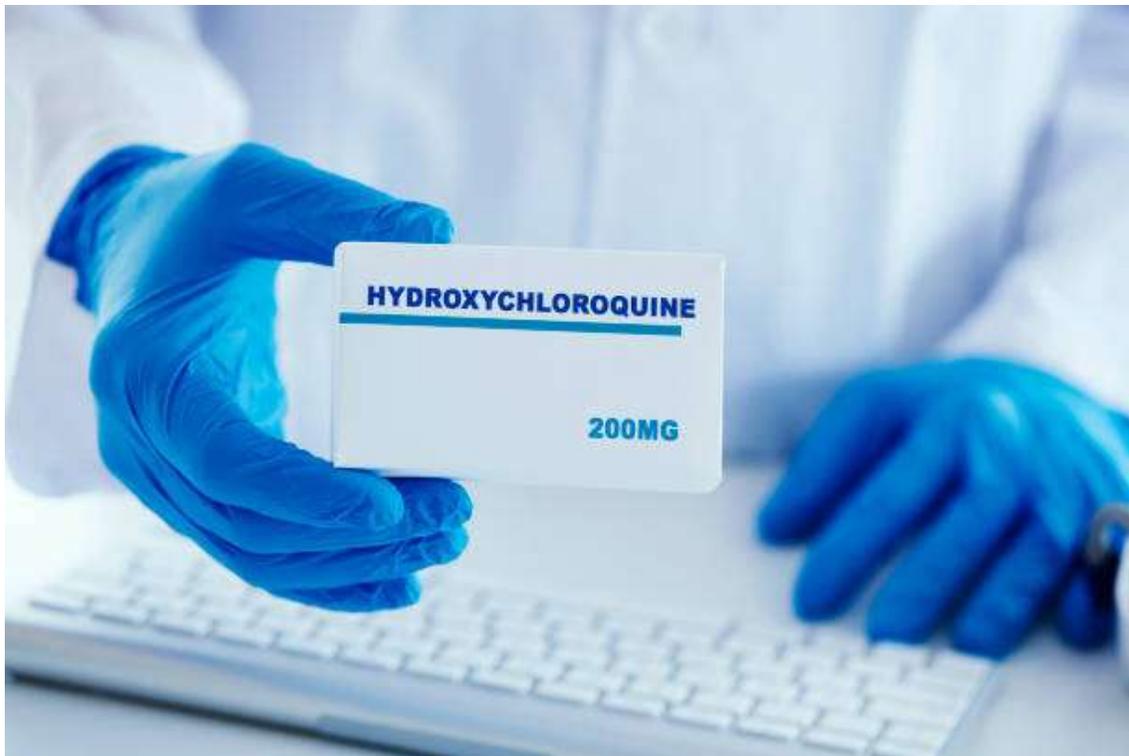
You're a defender of the people. You're someone that cares and is interested in the furthering of what we live for, here in this world. And so I appreciate that so much. Dr. Meehan, this is a little bit of camera here. I'm curious as to if you were to basically give me what you feel like would be the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

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



Prevented COVID-19, treated early with drugs like Hydroxychloroquine and Ivermectin.

And I can tell you from the way the medical industry works ... the medical journals have colluded with the pharmaceutical industries to create fraudulent research studies to discredit hydroxychloroquine. Soon they'll start pouring out on ivermectin as well. Gates is working on a study of his own. We know what that's going to say because we know how it works. How they work to try to assassinate and discredit these therapeutics that are such a threat to the vaccine industry. So, those are two of the big areas I think. When it comes to the COVID-19 vaccine, I know a great deal about it.



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

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

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

Dr. Jim Meehan: Yeah, well there's some really good websites out there. One of them is c19study.com. This is an independent framework where they've gravitated all the scientific research around hydroxychloroquine. They also did it for ivermectin. Many of the antivirals. Vitamin D. That one website is the best single place for people to go to look at the science and to see the ... for example ivermectin. You hear in the mainstream media, "Oh, it's ineffective. It's an antiparasitic drug." But you'll never hear in the media that we have conducted 58 clinical trials all over the world. 29 randomized controlled trials.



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

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



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

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



That's policy grade evidence. What the CDC has done with masks and ivermectin and other things when they want to create their own false, fabricated scientific consensus. What they do, is they conflate low level evidence. This is what they did in the mask. They have 72 studies on masks, but say, this study on hamster cages, where they put a mask over a hole between two hamster cages, or they put masks on mannequins, that that is equivalent to 100 years of science in which randomized controlled trials and communities and hospital workers showed that masks don't work.

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

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



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You're believing low level science and you never asked for the safety study. Who proved that this medical intervention ... and by the way it's also only supported by an emergency use authorization through our FDA. It's an experiment. And that experiment is an incomplete experiment, in my opinion, based on all the science that we have, it is a complete experiment that we have determined does not work and causes harm.

But, man, they have done the safety studies to make sure that putting masks on children that are at statistically zero risk of having a severe case of COVID-19, that have been shown in countries all over the world, they don't transmit the disease. This asymptomatic spread issue which was one of the foundational principles that we were told this is why healthy people should wear a mask, because they might have the disease and not know it and be spreading it. Bogus! Debunked.

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



And what I'm telling all parents today, the action step that I have for all parents is: request the public records from your superintendent, from your school district, from your principal. And make them provide you the information that they used to determine that this intervention was safe. Because it's never been proven to be so, and at meheenmd.com you can find all the scientific evidence that says when we have masks and randomized controlled trials surgeons, and nurses, and doctors, they have suffered tremendously.

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



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

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

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

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



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

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

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



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



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

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

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

Well, he organized a little consortium of sciences, and it's exposed in his email drops now. That he got them to publish an article, a paper in nature, that tried to fabricate this narrative that the SARS COV2 was because pangolins and civets were French kissing or something. It was an unbelievable story. Most of the scientific community said, "absolutely not!" But those that were speaking out against it, what happened to us?



We got de-platformed. We got censored and silenced, kicked off YouTube, Twitter, Facebook, I was one of those. I was purged, because I was talking about all the things that are inconvenient. But they were things that were true, supported by scientific evidence. It was really incontrovertible. But we weren't controlling the narrative. Anthony Fauci and his collaborators were. There were 26 email messages between himself and Bill Gates.



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

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



IN CONCLUSION

As it is with all things in life, we should always have an open mind to what the world is saying is right. Right now, they are saying that the covid vaccine is the only way - a last resort, But, as you may know now that's not completely true.

There's other ways that covid can be treated if it is addressed fast enough. The medicines and alternative options that our experts spoke about in this eBook have been shown to reduce the severity of the sickness and lower mortality rates.

We hope that you found this eBook insightful and have a good idea of the different, and effective ways that covid can be treated. This gives you the freedom of choice - the vaccine is not the only option. There are effective treatments that have been proven to work.



If you would like to know more about vaccines for COVID and for other diseases, such as:

- What is in vaccines
- How do vaccines work
- Short- and long-term side effects and injuries from vaccines
- Disease prevention and treatment without vaccines
- The Nuremberg Code, informed consent, and crimes against humanity
- What to do if you have already received the injection
- And much more...

Click to register now for our upcoming documentary series [Vaccine Secrets: Covid Crisis](#)



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SOURCES

1. [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(20\)31252-6/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)31252-6/fulltext)
2. <https://clinicaltrials.gov/ct2/show/NCT04668469>



ABOUT JONATHAN OTTO



Jonathan Otto is an investigative journalist, natural health researcher, documentary filmmaker, and humanitarian.

He has created several highly-acclaimed, groundbreaking docuseries — ***Depression, Anxiety & Dementia Secrets, Autoimmune Secrets, Natural Medicine Secrets, Women's Health Secrets, and Autoimmune Answers*** — covering innovative, effective natural remedies for autoimmune disease, neurodegenerative disease, mental health, cancer, and heart disease.

These docuseries — watched by millions around the world — represent Jonathan's unceasing quest to discover the root causes of debilitating diseases by interviewing over 100 world-renowned natural medicine doctors, scientists, natural health experts, and patients.

In response to this life-saving knowledge, Jonathan created ***Well of Life***, a line of doctor-formulated, 100% natural supplements specially designed to detox and fortify the body.

Jonathan's greatest reward has been hearing the testimonials from people whose lives have literally been saved with the protocols he developed.

His work has been featured in international TV broadcasts, print media, national news, and radio broadcasts. He received the awards, *Young Citizen of the Year and International Volunteer of the Year*, by the Australian government for international humanitarian contributions, which he continues to support.

Jonathan and his wife, Lori, welcomed their first son, Asher, in January 2019 and their second son, Arthur, in May 2021.