



# **COVID PANDEMIC**

**(WORLDWIDE CRISIS)**  
**(CONSPIRACY)**

**DR. Tros Bekker**



© Author: Tros Bekker

Editor: Louise Hickman

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## Dedication...

I dedicate my book to my loyal and lovely wife  
Suzette, my sons, Neil and Len  
as well as Divan and Heleen.

All I want to achieve with my book is to present the  
truth in a world filled with lies.



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# Introduction

With the COVID-19 pandemic on everybody's lips, I have come to realise people are still misinformed about the coronavirus. I, therefore, wrote a book about the subject.

As early as March 2020, I made a Facebook inscription that our future generations will know this pandemic as the biggest hoax in the history of humankind. A hoax, however, does not mean the virus does not exist.

## **The virus is real.**

Humanity has known it for thousands of years. They have found traces of the virus in Neanderthals. Even as a student and in later years, we were aware of this virus. In this book, I want to show everyone which ridiculous measures the world took to curb this pandemic.

I prefer calling it other names – for instance: scam-demic or even an endemic. I will prove this disease is nothing more than a severe flu, or common cold, in some cases, even less dangerous than a person with the flu who was vaccinated.

The flu mutates every year, and the coronavirus infection is a once-off infection.

There are a few mutations of the coronavirus, but it is highly unlikely it is significant. The entire world came to a standstill, and it cost trillions and trillions of



dollars. Economies came to a standstill.

I want to show the world how this virus was used for purposes and how it was used by evil people to further financial gain.

Goebbels said, “If one tells a lie often enough people will believe it.”

**I will prove the following:**

1. This virus has been with us since the beginning of humankind.
2. COVID-19 is no more severe than the flu.
3. It is a once-off infection. The reason South Africa did fairly well is nothing more than our sunny weather and natural immunity.
4. There never was a first wave or a second wave of infection. Waves due to mutation but to less virulent form because virus wants to live.
5. Isolation cannot stop the coronavirus. Definitely not in a third world country like South Africa.
6. Even in a first world country, the virus is unstoppable.
7. My argument is this so-called pandemic is a natural infection known by man for decades.
8. It is unclear how such a mediocre decease could have fooled the world.
9. I cannot understand how the world could have been fooled by such a mediocre infection.

10. I want to prove to the world that South Africa still has some of the best doctors.
11. Therefore, I will not rest till the world realises this was the biggest hoax known to humanity.
12. I also want to show the world how the coronavirus can benefit all.
13. How to identify the need and act accordingly.
14. Any person can write his life story and any person can use this virus for financial gain.
15. This is my second book. I wrote my first book to help people on how to build a business step-by-step, from start to finish.
16. Every person has basic needs, a roof over their heads and food to eat. That can be done for everyone.
17. Millions of doctors will agree with what I said.
18. There are the talkers and the do-ers. Be a do-er, please.
19. In my home language we say, “Laat hy val waar hy wil.”; “Nou toe dan, laat hy val waar hy wil.” – It means: “Come what may.”
20. I am flabbergasted.



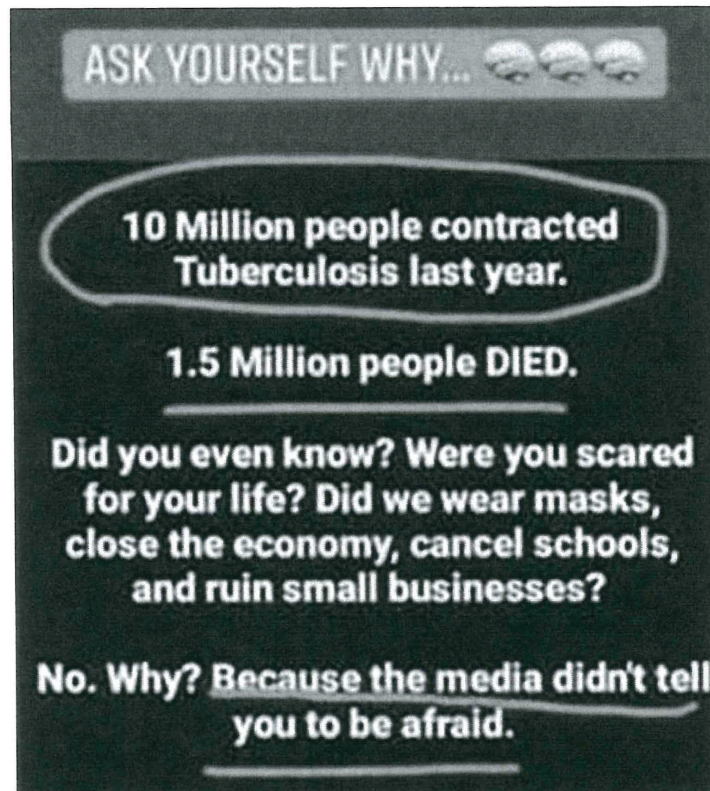
## **Nuremberg code**

1. Voluntary consent is essential.
2. The results of any experiment must be for the greater good of society.
3. Human experiments should be based on previous animal experimentation.
4. Experiments should be conducted by avoiding physical / mental suffering and injury.
5. No experiments should be conducted if it is believed to cause death / disability.
6. The risk should never exceed the benefits.
7. Adequate facilities should be used to protect subjects.
8. Experiments should be conducted by qualified scientist.
9. Subjects should be able to end their participation at any time.
10. The scientist in charge must be prepared to terminate the experiment when injury, disability or death is likely to occur.

(IMARC) Natalie Jarmusik

Clinical research Associate. IMARC

Research April 9, 2019 by MASSDEVICE



The reason why I wrote this book is the following two declarations:

**1. Nuremberg Code**

- 1 We are all born free and equal. We all have our own thoughts and ideas. We should all be treated the same way.
- 2 These rights belong to everybody, whatever our differences.
- 3 We all have the right to life, and to live in freedom and safety.
- 4 Nobody has any right to make us a slave. We cannot make anyone else our slave.
- 5 Nobody has any right to hurt or torture us or treat us cruelly.
- 6 Everyone has the right to be protected by the law.

- 7 The law is the same for everyone. It must treat us all fairly.
- 8 We can all ask for the law to help us when we are not treated fairly.
- 9 Nobody has the right to put us in prison without a good reason, to keep us there or to send us away from our country.
- 10 If we are put on trial, this should be in public. The people who try us should not let anyone tell them what to do.
- 11 Nobody should be blamed for doing something until it has been proved. When people say we did a bad thing we have the right to show it is not true.
- 12 Nobody should try to harm our good name. Nobody has the right to come into our home, open our letters, or bother us, or our family, without a good reason.
- 13 We all have the right to go where we want to in our own country and to travel abroad as we wish.
- 14 If we are frightened of being badly treated in our own country, we all have the right to run away to another country to be safe.
- 15 We all have the right to belong to a country.
- 16 Every grown up has the right to marry and have a family if they want to. Men and woman have the same rights when they are married, and when they are separated.
- 17 Everyone has the right to own things or share them. Nobody should take our things from us without a good reason.
- 18 We all have the right to believe in what we want to believe, to have a religion, or to change it if we wish.



- 19 We all have the right to make up our own minds, to think what we like, to say what we think, and to share our ideas with other people.
- 20 We all have the right to meet our friends and to work together in peace to defend our rights. Nobody can make us join a group If we don't want to.
- 21 We all have the right to take part in the government of our country. Every grown up should be allowed to vote to choose their own leaders.
- 22 We all have the right to a home, enough money to live on and medical help if we are ill. Music, art, craft and sport are for everyone to enjoy.
- 23 Every grown up has the right to a job, to a fair wage for their work, and to join a trade union.
- 24 We all have the right to rest from work and relax.
- 25 We all have the right to enough food, clothing, housing and health care. Mothers and children and people who are old, unemployed or disabled have the right to be cared for.
- 26 We all have the right to education, and to finish primary school, which should be free. We should be able to learn a career, or to make use of all our skills.
- 27 We all have the right to our own way of life, and to enjoy the good things that science and learning bring.
- 28 There must be proper order so we can all enjoy rights and freedoms in our own country and all over the world.
- 29 We have a duty to other people, and we should protect their rights and freedoms.
- 30 Nobody can take away these rights and freedoms from us.

## 2. Barrington Declaration

As infectious disease epidemiologists and public health scientists we have grave concerns about the damaging physical, and mental health impacts of the prevailing COVID-19 policies and recommend an approach we call Focused Protection.

Coming from both the left and right, and around the world, we have devoted our careers to protecting people. Current lockdown policies are producing devastating effects on short and long-term public health. The results (to name a few) include lower childhood vaccination rates, worsening cardiovascular disease outcomes, fewer cancer screenings and deteriorating mental health – leading to greater excess mortality in years to come, with the working class and younger members of society carrying the heaviest burden. Keeping students out of school is a grave injustice.

Keeping these measures in place until a vaccine is available will cause irreparable damage, with the underprivileged disproportionately harmed.

Fortunately, our understanding of the virus is growing. We know that vulnerability to death from COVID-19 is more than a thousand-fold higher in the old and infirm than the young. Indeed, for children, COVID-19 is less dangerous than many other harms, including influenza.

As immunity builds in the population, the risk of infection on all – including the vulnerable – falls. We know that all

populations will eventually reach herd immunity – i.e. the point at which the rate of new infections is stable – and that this can be assisted by (but is not dependent upon) a vaccine. Our goal should therefore be to minimize mortality and social harm until we reach herd immunity.

The most compassionate approach that balances the risks and benefits of reaching herd immunity, is to allow those who are at minimal risk of death to live their lives normally to build up immunity to the virus through natural infection, while better protecting those who are at highest risk. We call this Focused Protection.

Adopting measures to protect the vulnerable should be the central aim of public health responses to COVID-19. By way of example, nursing homes should use staff with acquired immunity and perform frequent PCR testing of other staff and all visitors. Staff rotation should be minimized. Retired people living at home should have groceries and other essentials delivered to their home. When possible, they should meet family members outside rather than inside. A comprehensive and detailed list of measures, including approaches to multi-generational households, can be implemented, and is well within the scope and capability of public health professionals.

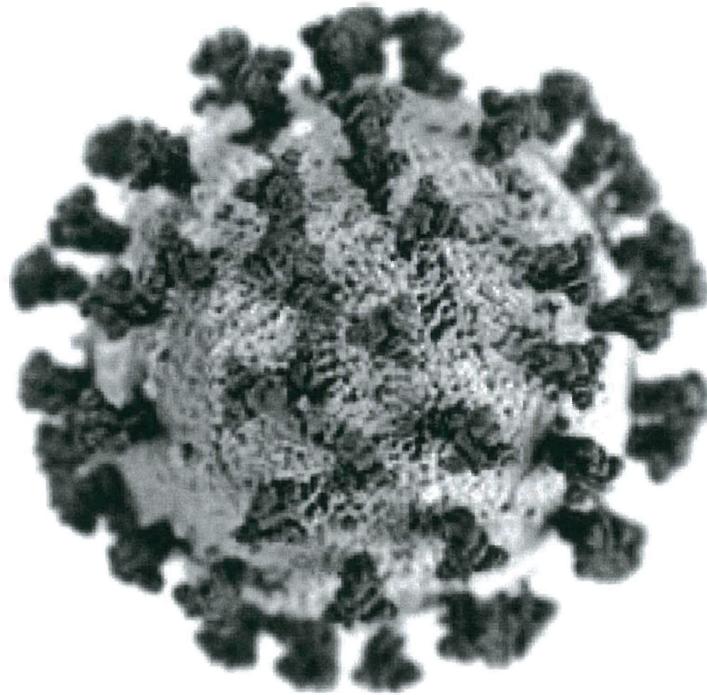
Those who are not vulnerable should immediately be allowed to resume life as normal. Simple hygiene measures, such as hand washing and staying home when sick should be practiced by everyone to reduce the herd immunity threshold. Schools and universities should be open for in-



person teaching. Extracurricular activities, such as sport, should be resumed. Young low-risk adults should work normally, rather than from home. Restaurants and other businesses should open. Arts, music, sport and other cultural activities should resume. People who are more at risk may participate if they wish, while society as a whole enjoys the protection conferred upon the vulnerable by those who have built up herd immunity.

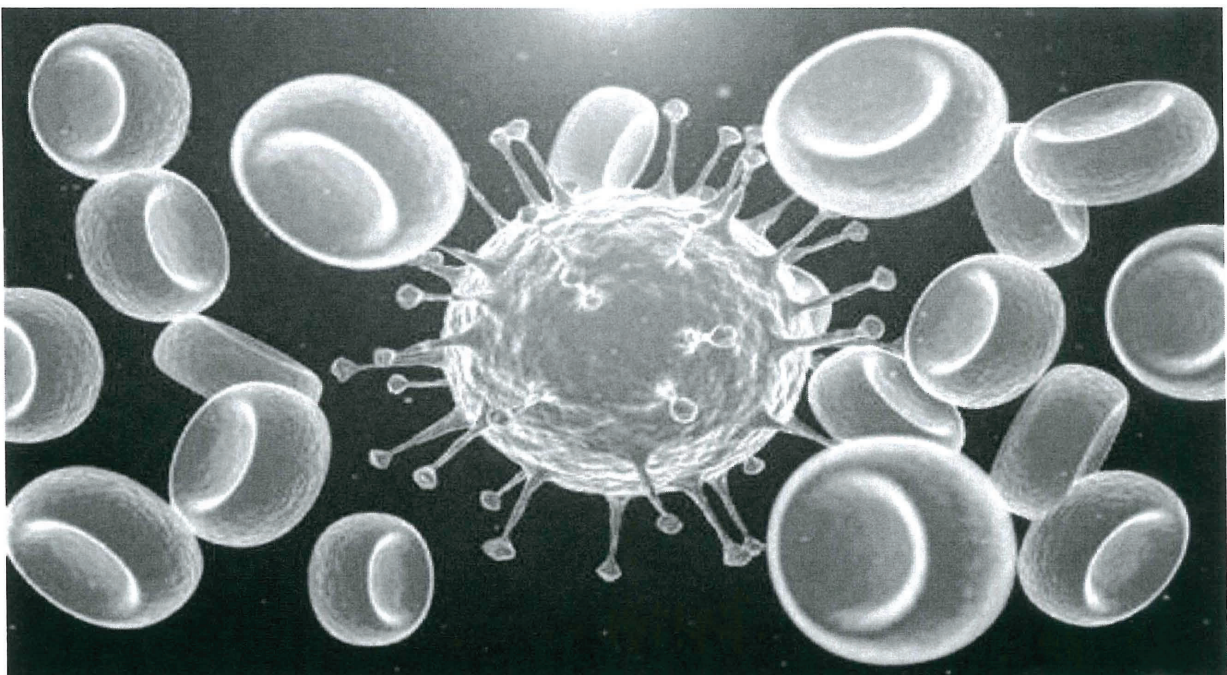
# Chapter 1

What is the coronavirus?



## **Coronavirus May Be a Blood Vessel Disease, Which Explains Everything.**

Many of the infection's bizarre symptoms have one thing in common - Dana G Smith - 29 May 2020



In April 2020, blood clots emerged as one of the many mysterious symptoms attributed to COVID-19. This was a disease initially thought to affect the lungs largely in the form of pneumonia. Quickly after came reports of young people dying because of coronavirus-related strokes. Next, was COVID-toes – painful red or purple digits.

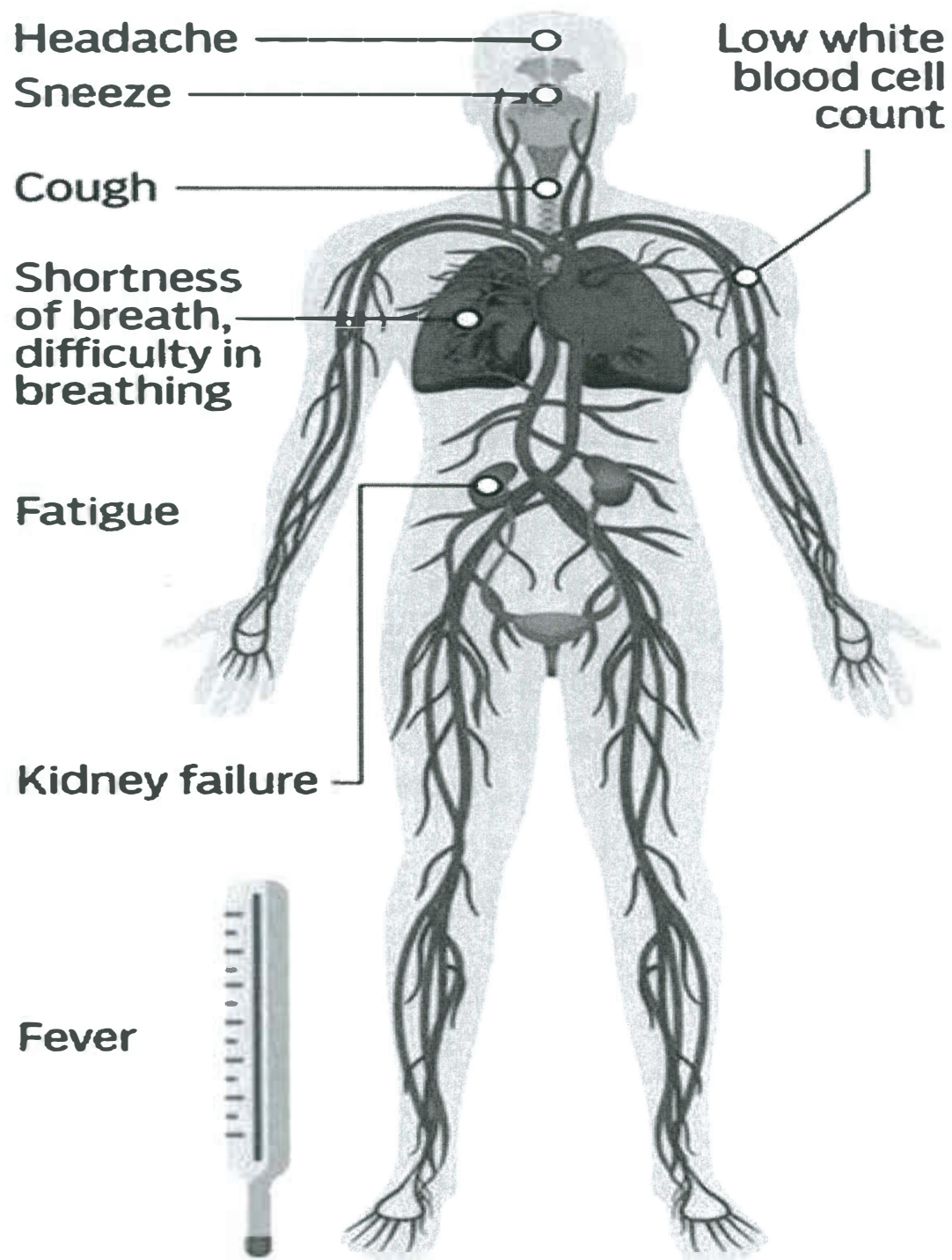
What do these symptoms have in common? An impairment in blood circulation. Add because 40% of deaths from COVID-19 relate to cardiovascular complications, and the disease looks like a vascular infection instead of a purely respiratory one.

Months into the pandemic, there is now a growing body of evidence to support the theory which the novel coronavirus can infect blood vessels. This explains not only the high common occurrence of blood clots, strokes, and heart attacks, but also provides an answer for the diverse set of head-to-toe symptoms which emerged.



# Covid-19 symptoms

**Symptoms typically present as a fever after which a dry cough develops. After one week sufferers develop breathing problems and have to be hospitalised.**



Source: WHO

THEUNS KRUGER, Graphics24

“All these COVID-19 associated complications were a mystery. We see blood clotting, we see kidney damage, we see inflammation of the heart, we see stroke, we see encephalitis (swelling of the brain),” said William Li, MD, president of the *Angiogenesis Foundation*. “A whole myriad of seemingly unconnected phenomena you rarely see with SARS or H1N1 or, frankly, most infectious diseases.”

“If you put all the data together that emerges, it turns out this virus is probably a vasculotropic virus. It means it affects the blood vessels,” said Mandeep Mehra, MD, medical director of the *Brigham and Women’s Hospital Heart and Vascular Centre*.

In the scientific journal, *The Lancet*, published in April 2020, Mehra and a team of scientists discovered the SARS-CoV-2 virus could infect the endothelial cells which line the inside of blood vessels. Endothelial cells protect the cardiovascular system, and they release proteins which influence everything from blood clotting to the immune response. In the journal, the scientists showed damage to endothelial cells in the lungs, heart, kidneys, liver, and intestines in people with COVID-19.

“The concept which emerged was, this is not a respiratory illness alone. It started as a respiratory illness, but is actually a vascular illness that kills people through its involvement of the vasculature,” said Mehra.

**A respiratory virus infecting blood cells and circulating through the body is virtually unheard of.**

**A one-of-a-kind respiratory virus.**

SARS-CoV-2 is thought to enter the body through ACE-2 receptors present on the surface of cells, lining the respiratory tract in the nose and throat. Once in the lungs, the virus appears to move from the alveoli, through the air sacs in the lung, into the blood vessels, which are also rich in ACE-2 receptors.

“The virus enters the lung; it destroys the lung tissue, and people then cough. The destruction of the lung tissue breaks open some blood vessels,” Mehra explained, “It then starts to infect endothelial cell after endothelial cell, which creates a local immune response, and inflames the endothelium.”

A respiratory virus infecting blood vessel cells and circulating through the body is virtually unheard of. The Influenza virus like H1N1 is unknown to do this and the original SARS virus, a sister coronavirus to the current infection did not spread past the lung. Other types of viruses, such as Ebola or Dengue, can damage endothelial cells but they differ greatly from viruses that typically infect the lungs.

## Endothelial damage could explain the virus weird symptoms.

An infection of the blood vessels would explain many of the weird tendencies of the novel coronavirus, like the high rates of blood clots. Endothelial cells help regulate clot formation by sending out proteins that turn the coagulation system on or off. The cells also help ensure blood flows smoothly and does not get caught on any rough edges on the blood vessel walls.

“The endothelial cell layer is in part responsible for clot regulation. It inhibits clot formation through a variety of ways,” said, Sanjum Sethi, *MD, MPH*, an interventional cardiologist at *Columbia University Irving Medical Centre*. “If this process is disrupted, you could see why that might promote clot formation.”

Endothelial damage might account for the high rates of cardiovascular damage and seemingly spontaneous heart attacks in people with COVID-19, too. Damage to endothelial cells causes inflammation in the blood vessels, can cause any plaque which has accumulated to rupture, causing a heart attack. A person has a higher risk for a heart attack with a plaque in their blood vessels that might generally be stable even if controlled with medication.

“Inflammation and endothelial dysfunction promote plaque rupture,” Sethi said, “We link endothelial dysfunction towards worse heart outcomes, in particular



myocardial infarction or heart attack.”

Blood vessel damage could also explain why people with pre-existing conditions like high blood pressure, high cholesterol, diabetes and heart disease are at a higher risk for severe complications from a virus supposed to infect only the lungs. All of those diseases cause endothelial cell dysfunction, and the additional damage and inflammation in the blood vessels caused by the infection could push them over the edge and cause serious problems.

The theory could even solve the mystery of why ventilation often is not enough to help a lot of COVID-19 patients breathe better. Moving air into the lungs, which ventilators help with, is only one part of the equation. The exchange of oxygen and carbon dioxide in the blood is just as essential to provide the rest of the body with oxygen, and that process relies on functioning blood vessels in the lungs.

“If you have blood clots within the blood vessels that are required for complete oxygen exchange, even if you are moving air in and out of the airways (if) the circulation is blocked, the full benefits of mechanical ventilator support are somewhat thwarted,” said Li.

A paper recently published in the *New England Journal of Medicine*, of which Li is the co-author, found widespread evidence of blood clots and infection in the endothelial cells in the lungs of people who died from

COVID-19. This was in stark contrast to people who died from H1N1, who had nine times fewer blood clots in the lungs. Even the structure of the blood vessels was different in the COVID-19 lungs, with many more new branches that likely formed after it damaged the original blood vessels.

“We saw blood clots everywhere,” Li said. “We were observing virus particles filling up the endothelial cell-like filling up a gumball machine. The endothelial cell swells and the cell membrane breaks down, and now you have a layer of injured endothelium.”

Finally, infection of the blood vessels may be how the virus travels through the body and infects other organs – something that is typical of a respiratory infections.

“Endothelial cells connect the entire circulation (system), 60 000 miles worth of blood vessels throughout our body,” said Li. “Is this one way that COVID-19 can impact the brain, the heart, the COVID-toes? Does SARS-CoV-2 traffic itself through the endothelial cells or get into the bloodstream this way? We do not know the answer to that.”

**In another paper that looked at nearly 9,000 people with COVID-19, Mehra showed they linked the use of statins and ACE inhibitors to higher rates of survival.**

## **If COVID-19 is a vascular disease, the best antiviral therapy might not be antiviral therapy.**

An alternative theory is the blood clotting and symptoms in other organs are caused by inflammation in the body because of an over-reactive immune response – the so-called cytokine storm. This inflammatory reaction can occur in other respiratory illnesses and severe cases of pneumonia. Which is why the initial reports of blood clots, heart complications, and neurological symptoms did not sound alarm bells. However, the magnitude of the problems seen with COVID-19 appears to go beyond the inflammation experienced in other respiratory infections.

“We think there is some increased propensity of clotting happening with these (other) viruses. I think inflammation, in general, promote that,” said Sethi, “Is this over and above or unique for SARS-CoV-2, or is that just because (the infection) is just that much more severe? I think those are all really good questions that unfortunately we don’t have the answer to yet.”

Anecdotally, Sethi, *the director of the pulmonary embolism*, said he and his response team, who deals with blood clots in the lungs, received two to three times more than the numbers of April 2019. The question he is trying to answer is whether that is because there were more patients at the hospital during April which was the peak of the pandemic, or if COVID-19 patients do

have a higher risk for blood clots.

“I suspect from what we saw and what our preliminary data show that this virus has an additional risk factor for blood clots. However, I cannot prove it yet,” said Sethi.

The good news is if COVID-19 is a vascular disease, there are existing drugs that can help protect against endothelial cell damage. In another *New England Journal of Medicine* paper that looked at nearly 9,000 people with COVID-19, Mehra showed it linked the use of statins and ACE inhibitors to a higher rate of survival. Statins reduce the risk of heart attacks. They do not only lower cholesterol or prevent plaque but also stabilise existing plaque. This means they are less likely to rupture if someone is on these drugs.

“It turns out that both statins and ACE inhibitors are protective on vascular dysfunction,” Mehra said. “Most of their benefit in the continuum of cardiovascular illness starts with the ability to stabilise the endothelial cells. Whether it is high blood pressure, a stroke, a heart attack, an arrhythmia, or heart failure – in any situation, the mechanism must protect the cardiovascular system.”

Mehra continued, “What we’re saying is that maybe the best antiviral therapy is not actually an antiviral therapy. The best therapy might be a drug which stabilises the vascular endothelial. We’re building a drastically different concept.”



**Update: The New England Journal of Medicine paper investigating the effect of statins and ACE inhibitors on COVID-19 mortality rates has been retracted because of concerns over the quality of the data.**

## **1.1 Risk of hydroxychloroquine alone and in combination with azithromycin in the treatment of rheumatoid arthritis: a multinational, retrospective study.**

Jennifer C E Lane, MRCS † James Weaver, MSc † Kristin Kostka, MPH Talita Duarte-Salles, PhD Maria Tereza F Abrahao, PhD Heba Alghoul, MD et al.

[https://www.thelancet.com/journals/lanrhe/article/PIIS2665-9913\(20\)30276-9/fulltext](https://www.thelancet.com/journals/lanrhe/article/PIIS2665-9913(20)30276-9/fulltext)

Hydroxychloroquine, a drug commonly used in treating rheumatoid arthritis, received negative publicity for adverse events associated with the authorisation for emergency use to treat patients with COVID-19 pneumonia. We studied the safety of hydroxychloroquine, alone and in combination with azithromycin, to determine the risk associated with its use in routine care in patients with rheumatoid arthritis.

### **Findings**

The study included 956 374 users of hydroxychloroquine, 310 350 users of sulfasalazine, 323 122 users of hydroxychloroquine plus azithromycin, and 351 956 users of hydroxychloroquine plus amoxicillin. They identified no excess risk of severe adverse events

when compared with both hydroxychloroquine and sulfasalazine for 30 days. Self-controlled case series confirmed these findings. However, they associate long-term use of hydroxychloroquine with increased cardiovascular mortality (calibrated HR 1·65 (95% CI 1·12–2·44)). Whereas, azithromycin is associated with an increased risk of 30-day cardiovascular mortality (calibrated HR 2·19 (95% CI 1·22–3·95)), chest pain or angina (1·15 (1·05–1·26)), and heart failure (1·22 (1·02–1·45)).

## **1.2 Clinical trials of disease stages in COVID-19: complicated and often misinterpreted.**

Jay J H Park, Eric H Decloedt, Craig R Rayner, Mark Cotton, Edward J Mills Open Access published: 20 August 2020 DOI

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[https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(20\)30365-X/fulltext](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(20)30365-X/fulltext)

As of 28 July 2020, there were 1840 clinical trials registered globally, with 1001 clinical trials recruiting patients for COVID-19 management.

1. Despite this large number, only 30 trails were published as peer-reviewed or preprint publications.
2. Media reports and prepublication on medRxiv and bioRxiv represent the most frequent mechanism for sharing data, with broad public reach and usually little detail. However, with inadequate information about the trials and only superficial scrutiny by the public and

scientific decision-makers, the consequences had disastrous effects on other clinical trial funding, permissions, recruitment and interpretation. Broadly, COVID-19 clinical trials target at least five stages of the disease process (appendix): pre-exposure prophylaxis, post-exposure prophylaxis, outpatient treatment, hospital admission, and late-stage critical care (admission to an intensive-care unit). More clinical stages for COVID-19 arguably exist if looking at subgroup manifestations of COVID-19. Despite the overwhelmingly large number of trials done for COVID-19, it is important to note the majority of these trials (1134 (61.6%) of 1840) involve patients who have been admitted to hospital.



Among all clinical trials, those receiving the

greatest media and scientific attention include the WHO-SOLIDARITY trial (ISRCTN83971151) and the Randomised Evaluation of COVID-Therapy trial (RECOVERY: ISRCTN50189673). Both randomised trials target patients receiving treatment in hospital and have proven the ineffectiveness of lopinavir-ritonavir,

3. And hydroxychloroquine, for patients admitted to hospital with COVID-19.
4. Although both trials provide convincing evidence for patients requiring hospital admission, they cannot translate these findings to other disease states. For example, in the RECOVERY trial, the clinical efficacy of low-dose dexamethasone is demonstrated only among patients receiving invasive mechanical ventilation or oxygen.
5. Clinical trials investigating treatment options in other disease states are experiencing unintended consequences of early dissemination of this inpatient evidence. Many trials evaluating chloroquine-based treatments and protease inhibitors for pre-exposure prophylaxis and outpatient treatment had funding and ethics approvals rescinded based on media attention on findings from hospital settings. This misinterpretation of disease states exists among both the public and the scientific communities.



Different COVID-19 disease stages encompass different biological responses. Pharmaceutical interventions might exhibit different effects according to concurrent pathogenesis. The initial remdesivir randomised trial on patients receiving treatment in hospital, in which the median time to remdesivir initiation after symptom onset was eleven days, did not show critical statistical benefits for time to clinical improvement.

6. A subsequent randomised trial that started remdesivir at a median of nine days after symptom onset, by contrast, found a shorter recovery time in patients with a less severe pulmonary disease than in the placebo group.
7. The findings support the likely efficacy of this antiviral early in the disease when viral replication predominates. Conversely, the dexamethasone findings in the RECOVERY trial found benefit in patients with more severe disease requiring oxygen or respiratory support, an anti-inflammatory effect when inflammation pathology predominates. As seen for other viral infections like influenza and varicella-zoster, there is a need for early antiviral treatment for COVID-19 because antivirals is probably most effective when administered early in an infection. In contrast, systemic hyper inflammation rather

than viral pathogenicity dominates at later stages of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) infection.

8. Differentiation of effects based on an antiviral's mechanism of action is also expected with SARS-CoV-2, which interventions affecting viral attachment being more dependent on early initiation than therapeutics targeting other parts of the viral cell cycle.
9. Although some therapies have no clinical benefits in patients admitted to a hospital, there is much uncertainty. Thus clinical equipoise, to justify continuing clinical trials in other COVID-19 disease states. They focus most ongoing trials on participants admitted – to a hospital and generalising their findings to ambulatory patients might potentially harm opportunities to identify outpatient treatments. Arguably, the largest impact on COVID-19 can be achieved by effectively identifying early treatments, to prevent hospital admission. Although we hope scientific funders and ethics review boards will recognise the nuances of COVID-19 disease states, this has not been uniformly the case so far. Delaying or rescinding funding or approvals for clinical trials based on findings from clinically different populations might importantly reduce our

likelihood of finding effective therapies across the spectrum of clinical disease states.

### **1.3 How to Help Your Body and Immune System Recover from COVID-19.**

It can take a while to feel like yourself again. Here is how to encourage healing.

COVID-19 has become notorious for its unpredictability. People who get it experience a wide range of symptoms (or none) and it vary in severity. The same seems to be true for *recovery*.

It is virtually impossible to know how many people have recovered from COVID-19 because of inadequate testing. However, one estimate is 18% of those who have contracted the disease, according to data collected by Johns Hopkins University. That number does not take into account the countless people who were not tested and recovered at home, so it may be much higher. It is also complicated by how the CDC classifies recovery.

According to the CDC, a person is considered recovered from COVID-19 when they test negative on two FDA-authorized tests spaced at least 24 hours apart. Alternatively, if three days have passed since their fever broke without the use of fever-reducing medications, their respiratory symptoms *improved*, and it has been at least ten days since their symptoms first appeared.

The problem is improved and do not equal resolution. Fever and respiratory symptoms are only the tip of the iceberg of what few COVID-19 patients' experience. "This infection causes remarkable inflammation that directly affects the lungs and could rapidly affect multiple other vital organs, affecting the whole body," said Andres Romero, *MD, an infectious disease specialist* been on the front lines of fighting COVID-19 at *Providence Saint John's Health Centre* in Santa Monica, California. "So even after the virus is gone, this inflammatory state will take some time to disappear completely." This is why many people continue to experience symptoms long after their fever breaks.

The other issue complicating recovery is all the unknowns. Because doctors are still learning about how COVID-19 affects the body, there is no standardised guidance on how to approach post-infection care. "I usually tell my patients they will need two days to recover for every day they spend at the hospital," said Romero.

However, what if you have been recovering at home for weeks and still do not feel one hundred percent? Or you are pretty much back to normal but want to help make sure your body is back in fighting shape?



## **Here is how experts recommend you navigate your recovery based on what we know about COVID-19.**

People who were diagnosed with COVID-19 also lost their appetite. But not getting enough calories can impede your recovery.

### **Get adequate sleep.**

Although the research is evolving, experts believe a lot of the work your body does to heal, whether, mentally and physically, happens while you are asleep. “It is hard for the body to recover if you are sleeping two or three hours a night,” said Romero, “But you do not need to sleep 12 to 14 hours either.” Instead, stick to the conventional guidance of getting seven to nine hours a night. Practising good sleep hygiene can help you get there.

### **Increase your food intake.**

Many people lose their appetite when they are diagnosed with COVID-19, but not getting enough calories can impede your recovery.

Inflammatory disorders like COVID-19 are very catabolic, which means your immune system revs up to fight the infection, your metabolism increases as well. “Suppose there isn’t enough energy available from food. In that case, your body will break down the most convenient source of fuel – your muscles,”

said Nadine Pazder, *RDN-AP*, an outpatient dietitian at Morton Plant Hospital in Clearwater, Florida, who has transitioned to working with hospitalised patients during the pandemic. This can cause malnutrition, weight loss, and suppressed immune function.

As a result, dietitians like Pazder focus on dietary plans which get more calories and proteins into their patients. A plan which build up muscle tissue. “When we calculate energy requirements in the hospital, we base it on calories per kilogram of body weight,” said Pazder, “but that is not really practical for someone at home.”

Instead, if you lose weight, Pazder recommends increasing the number of calories you are taking in by 25% to 30% and the grams of protein by 47% to 85%.

For example, if you were eating 1500 calories and 55 grams of protein a day to maintain your weight when you were healthy, you might need to increase your calorie intake to 1875 and 1950 and protein to 81–102 grams a day while recovering from COVID-19.

However, personal needs vary, especially if you have an underlying health condition. It is best to tweak your diet under the care of a doctor or dietitian and only return to normal eating patterns once they feel like you have adequately recovered.

In terms of what you should be eating, some scientists have theorised that certain vitamins and minerals may

be helpful to help suppress the inflammation associated with COVID-19. However, there is nothing on their list that you would need to take as a supplement. “Eating a well-balanced diet that provides all the needed vitamins and minerals is the best approach,” said Pazder.

If your former eating habits were ungreat, consider adopting a Mediterranean-style diet. Build it round nutrient-rich, inflammation-fighting foods such as brightly coloured fruits and vegetables, healthy fats, whole grains, nuts, seeds, and lean sources of protein. If your energy is low, Pazder suggests keeping food in the house doesn’t need much preparation, like hard-boiled eggs, or making a big batch of something you can eat over a few days.

If you cannot stomach that much actual food, add a protein shake or liquid nutritional supplement, for example *Ensure*, to what you are already eating. It would add calories and some much-needed hydration. “If you have been running a fever, even if it is a low-grade fever, that increases the number of fluids you need,” said Pazder.

If you lose weight, your energy does not improve, you are not urinating as much as usual, or you are just concerned you are not eating or drinking well enough, contact your doctor or a registered dietician at your local hospital. “They may end up seeing you through a telephone health appointment, but the help is out

there,” said Pazder.

### **Ease back into exercise.**

The keyword here is *ease*. You will not jump right back into your normal daily activities, let alone your regular exercise routine. After critical illness, about 70% of people experience physical complications, such as impaired muscle strength, lung function, and walking ability, according to research. Furthermore, “Even if you just had a fever and you are lying in bed for two days, your muscles become reconditioned after just 24 hours,” said Theresa Marko, *DPT*, a board-certified orthopaedic clinical specialist in physical therapy and owner of Marko Physical Therapy in New York City.

**“I definitely think it is good for people to get moving. Your body will let you know how much you’re able to tolerate.”**

### **Protect your mental health.**

Prioritising your mental and emotional well-being is essential, even if you do not have a pre-existing mental health condition. Not only does chronic stress lower immunity, but over time, it can lead to both physical and emotional issues.

“Once somebody goes through trauma, whether it be physical or emotional, they may no longer see the world as safe,” said licensed psychologist Renee A. Exelbert, PhD, founding director of The *Metamorphosis Centre*



*for Psychological and Physical Change* in Nyack, New York. “They experience it differently. So many identity changes are going on.”

Sometimes those changes are delayed. “Sometimes when somebody is going through the actual medical emergency, they are so focused on getting well that it is only months later that they process what happened to them,” said Exelbert, who often treats patients who have survived medical trauma.

This happened after the 2003 SARS outbreak: Survivors had higher stress levels during the initial spread, and one year later, nearly two-thirds were also experiencing significant levels of depression, anxiety and post-traumatic stress symptoms, according to a study in the *Canadian Journal of Psychiatry*.

That is why it is important to be proactive about self-care. Exelbert recommends doing anything that gives you a sense of power and control. For instance, exercise if you are able, keep a gratitude journal, bake a cake, or practice grounding techniques.

It is important to ask for help when; you are anxious, depressed, having difficulty sleeping, experiencing flashbacks, using drugs or alcohol more than usual, or experiencing any other common signs of distress. The *National Alliance on Mental Illness* has compiled a substantial list of resources.

**Listen to your body and be patient.**

Once your recovery is underway, you will eventually have to decide (with the help of your doctor) when it is appropriate for you to leave quarantine and/or return to work – either at home or, depending on where you live and what you do, at an outside workplace.

With all the uncertainty over how long people remain infectious and whether immunity exists, this can be stressful. You may worry about getting sick again, or infecting others, or feel guilty you cannot parent your children or perform at work like you usually would. These feelings are normal. Take your time and lean on your support system. There is no ideal or expected timeline.

“This time frame COVID-19 presents many unique challenges, however; in everyday life, people experience emotional hardships that can prevent them from carrying out their duties in an effective way,” said Exelbert. “It’s about utilising the Family Medical Leave Act and seeing what you are entitled to legally and communicating with your boss about what might be helpful.”

Be open and honest with yourself about what you can handle so you do not push through, causing yourself more stress and anxiety. But try returning to work. “It is almost like when you have a car accident,” said Exelbert. “The longer you stay away from driving, the more frightening the car is going to become.”

If you can, or need to, leave your home and/or return

to work, take common-sense precautions – like wearing a mask and washing your hands properly – and follow the recommended guidelines of your local authorities.

Experts do not yet know what causes a COVID-19 relapse or if reinfection is even possible, so take heart in knowing you followed this advice is the best anyone can do. Full recovery may take a while. And that is okay.

“There is a term in trauma literature,” said Exelbert. “It is post-traumatic growth, so after we go through a trauma, we not only bounce back from it, but we grow even more.” Make that your goal.

## **1.4 Coronavirus Drug and Treatment Tracker**

By Jonathan Corum, Katherine J. Wu and Carl Zimmer updated on 10 August 2020

The COVID-19 pandemic is one of the most significant challenges modern medicines has ever faced. Doctors and scientists are scrambling to find treatments and drugs that can save the lives of infected people and perhaps even prevent them from getting sick in the first place.

Below is an updated list of 20 of the most-talked-about treatments for the coronavirus. While some are accumulating evidence which are effective, most are still in the early stages of research. We also included a warning about a few that are just bunk.

There is no cure for COVID-19, yet. However, the most promising treatments to date only help specific

groups of patients and the world await validation from further trials. The F.D.A. has not fully licensed any treatment specifically for the coronavirus. Although it has granted emergency use authorisation to some treatments, their effectiveness against COVID-19 has yet to be demonstrated in large-scale, randomised clinical trials.

*New additions and recent updates:*

*Added Ivermectin, a drug typically used against parasitic worms that are being increasingly prescribed in Latin America. - 10 August 2020*

**PSEUDOSCIENCE OR FRAUD:** These are not treatments that researchers have ever considered using for COVID-19. Experts have warned against trying them because they do not help against the disease and can instead be dangerous. They arrested people for false promises of a cure for COVID-19.

**EVIDENCE IN CELLS, ANIMALS or HUMANS:** These labels show where the evidence for treatment comes from. Researchers often start with experiments on cells and then move onto animals. Many of those animal experiments often fail; if they do not, researchers may consider moving on to research on humans, such as retrospective studies or randomised clinical trials. In some cases, scientists are testing out treatments



developed for other diseases, allowing them to move directly to human trials for COVID-19.

## **1.5 Promising evidence in cells, animals and humans emergency use authorisation.**

### **Remdesivir**

Remdesivir, made by Gilead Sciences, was the first drug to get emergency authorisation from the F.D.A. for use on COVID-19. It stops viruses from replicating by inserting itself into new viral genes. They initially tested Remdesivir as an antiviral against Ebola and Hepatitis C, only to deliver lacklustre results.

However, preliminary data from trials that began this spring suggested the drug can reduce the recovery time of people hospitalised with COVID-19 from 15 to 11 days. (The study defined recovery as *either discharge from the hospital or hospitalisation for infection-control purposes only*.)

These early results did not show any effect on mortality, though retrospective data released in July hints that the drug might reduce death rates among those who are very ill.

### **Recombinant ACE-2**

The coronavirus enters the cells first to unlock them – a feat it accomplishes by latching onto a human protein called ACE-2. Scientists have created artificial ACE-2 proteins which might act as decoys, luring the

coronavirus away from vulnerable cells. Recombinant ACE-2 proteins have shown promising results in experiments on cells, but not yet in animals or people.

## **Ivermectin**

For decades, Ivermectin has served as a potent drug to treat parasitic worms. Doctors use it against river blindness and other diseases, while veterinarians give dogs a different formulation to cure heartworm. Studies on cells have suggested Ivermectin might also kill viruses. Scientists have yet to find evidence in animal studies or human trials that it can treat viral diseases. As a result, they do not approve Ivermectin to use as an antiviral.

In April 2020, Australian researchers reported the drug blocked coronaviruses in cell cultures, but they used a dosage that was so high it might have had dangerous side effects in people. The F.D.A. immediately issued a warning against taking pet medications to treat or prevent COVID-19. “These animal drugs can cause serious harm in people,” the agency warned.



They launched several clinical trials, since then to see if a safe dose of Ivermectin could fight COVID-19. For example, in Singapore, the National University Hospital is running a 5,000-human trial to see if it could prevent people from getting infected. As of now, there is no firm evidence it works. Ivermectin is being prescribed increasingly often in Latin Americans, much to the distress of disease experts. - Updated 10 August 2020

## Hydroxychloroquine and chloroquine

German chemists synthesised chloroquine in the 1930s as a drug against malaria. A less toxic version, called hydroxychloroquine, was invented in 1946, and later was approved for other diseases such as lupus and rheumatoid arthritis. At the start of the COVID-19 pandemic, researchers discovered both drugs could stop the coronavirus from replicating in cells.

Since then, they had a tumultuous ride. A few small studies on patients offered some hope that hydroxychloroquine could treat COVID-19. The *World Health Organization* launched a randomised clinical trial in March to see if it was indeed safe and effective for COVID-19, as did *Novartis* and several universities.

Meanwhile, President Trump repeatedly promoted hydroxychloroquine at press conferences, touting it as a *game-changer*, and even took it himself. The F.D.A. temporarily granted hydroxychloroquine emergency authorisation for use in COVID-19 patients – which

a whistle-blower later claimed resulted from political pressure. In the wake of the drug's newfound publicity, demand spiked, resulting in shortages for people who rely on hydroxychloroquine as a treatment for other diseases.

More detailed studies proved disappointing. A study on monkeys found hydroxychloroquine did not prevent the animals from getting infected and did not clear the virus once they got sick. Randomised clinical trials found hydroxychloroquine did not help people with COVID-19 get better or prevent healthy people from contracting the coronavirus.

Another randomised clinical trial found giving hydroxychloroquine to people right after being diagnosed with COVID-19 did not reduce the severity of their disease. (One large-scale study concluded the drug was harmful, and they later retracted it.)

The *World Health Organization*, the *National Institutes of Health* and *Novartis* have since halted trials investigating hydroxychloroquine as treatment for COVID-19. The F.D.A. revoked its emergency approval. The F.D.A. now warns the drug can cause a host of serious side effects to the heart and other organs when used to treat COVID-19.

In July 2020, researchers at Henry Ford Hospital in Detroit published a study finding hydroxychloroquine was associated with a reduction in mortality in



COVID-19 patients. President Trump praised the study on Twitter, but experts raised doubts about it. The study was not a randomised controlled trial, in which some patients received placebo instead of hydroxychloroquine. The study's results might not be because of the drug killing the virus. Instead, doctors may have given the medication to people who were less sick and thus more likely to recover.

Despite negative results, some hydroxychloroquine trials continued, although most are small, testing a few dozen or a few hundred patients.

A recent analysis by STAT and Applied XL found over 180 ongoing clinical trials testing hydroxychloroquine or chloroquine for treating or preventing COVID-19. Although it is clear, the drugs are not panaceas; it is theoretically possible they could provide some benefit in combination with other treatments, or when given in the early stages of the disease. Only well-designed trials can determine if it is the case. - Updated 10 August 2020.

## **Convalescent plasma**

A century ago, doctors filtered plasma from the blood of recovered flu patients. So-called convalescent plasma, rich in antibodies, helped people sick with flu fight their illness. Now researchers are trying out this strategy on COVID-19.

In May 2020, the F.D.A. designated convalescent plasma an *investigational product*. Although it has not

been shown as safe and effective, plasma can be used in clinical trials and given to some seriously ill patients with COVID-19. Tens of thousands of patients in the U.S. have received plasma through a program launched by the Mayo Clinic and the federal government.

The Trump Administration has praised a convalescent plasma, despite the lack of evidence yet that it works. The first wave of trials has been small, and the results have been mixed.

Large randomised clinical trials are underway, but they have struggled to enrol enough participants, some of whom worry they will receive a placebo instead of the treatment itself.

Experts say it is vital to complete these trials to determine if the convalescent plasma is safe and effective. If these trials are successful, it could serve as an important stopgap measure until more potent therapies become widely available. - Updated 10 August 2020

## **Monoclonal antibodies**

Convalescent plasma from people who recover from COVID-19 contains a mix of different antibodies. Some molecules can attack the coronavirus, but many direct at other pathogens. Researchers have sifted through this slurry to find the most potent antibodies against COVID-19. They have then manufactured synthetic copies of these molecules, known as monoclonal antibodies. Researchers have investigated them as a

treatment for COVID-19, either individually or in cocktails.

Monoclonal antibodies were first developed as a therapy in the 1970s, and since then the F.D.A. has approved them for 79 diseases, ranging from cancer to AIDS. Since the start of the pandemic, researchers have found dozens of monoclonal antibodies which show promise against COVID-19 in preclinical studies on cells and animals.

Companies like Eli Lilly and Regeneron recently began clinical trials studying monoclonal antibodies. Several other firms, and teams at universities, slated to enter the race soon. - Updated 10 August 2020

## **Interferons**

Interferons are molecules our cells naturally produce in response to viruses. They have profound effects on the immune system, rousing it to attack the invaders, while also reining it in to avoid damaging the body's tissues. Injecting synthetic interferons is now a standard treatment for several other immune disorders. For example, Rebif, is prescribed for multiple sclerosis.

As part of its strategy to attack our antibodies, the coronavirus appears to tamp down interferons. That finding has encouraged researchers to see whether a boost of interferons might help people weather COVID-19, particularly early in infection. Early studies, including experiments in cells and mice, have yielded

encouraging results that have led to clinical trials.

An open-label study in China suggested that the molecules could help prevent healthy people from getting infected. On 20 July 2020, the British pharmaceutical company Synairgen announced that an inhaled form of interferon called SNG001 lowered the risk of severe COVID-19 in infected patients in a small clinical trial. The full data was not released to the public or published in a scientific journal, yet. On 6 August 2020, the *National Institute of Allergy and Infectious Diseases* launched Phase III trial on a combination of Rebif and the antiviral Remdesivir, with results expected by fall 2020. - 10 August 2020

## **Dexamethasone**

This cheap and widely available steroid blunts many types of immune responses. Doctors have long used it to treat allergies, asthma and inflammation. In June, it became the first drug shown to reduce COVID-19 deaths.

In July 2020, they published a study in the *New England Journal of Medicine* where over 6,000 people were tested and found Dexamethasone reduced deaths by one-third in patients on ventilators, and by one-fifth in patients on oxygen. It may be less likely to help, and may even harm, patients who are at an earlier stage of COVID-19 infections. In the COVID-19 treatment guidelines the *National Institutes of Health* recommend



patients using Dexamethasone to be patients on ventilators or receiving supplement oxygen.

## **Cytokine Inhibitors**

The body produces signalling molecules called cytokines to fight off diseases. If manufactured in excess, Cytokines can trigger the immune system to overreact wildly to infections. This process is called a cytokine storm.

Researchers have created many drugs to halt cytokine storms, and they have proven effective against arthritis and other inflammatory disorders. Some turns off the supply of molecules that launches the production of the cytokines themselves. Others block the receptors on immune cells to which cytokines would normally bind. A few blocks the cellular messages they send. Depending on how the drugs are formulated, they can block one cytokine at a time or muffle signals from several at once.

Against the coronavirus, several of these drugs have offered modest help in some trials but faltered in others. Drug companies Regeneron and Roche drug both recently announced two drugs called Sarilumab and Tocilizumab, which both target the cytokine IL-6. These did not appear to benefit patients in Phase 3 of clinical trials. Many other trials remain underway, several of which combine cytokine inhibitors with other treatments. - Updated 10 August 2020

## **Blood filtration systems**

The F.D.A. has granted emergency use authorisation to several devices that filter cytokines from the blood to cool cytokine storms. One machine, called Cytosorb, can reportedly purify a patient's entire blood supply about 70 times in 24 hours. A small study in March 2020 suggested Cytosorb had helped dozens of severely ill COVID-19 patients in Europe and China.

Still, it was not a randomised clinical trial that could conclusively demonstrate it was effective. Several studies on blood filtration systems are underway, but experts caution these devices carry some risks. For example, such filters could remove beneficial components of blood as well, like vitamins or medications. - Updated 10 August 2020.

## **Stem cells**

Certain kinds of stem cells can secrete anti-inflammatory molecules. Over the years, researchers have tried using them as a treatment for cytokine storms, and now dozens of clinical trials are underway to see if they can help patients with COVID-19. The stem cell treatments have not worked well in the past, and it is not yet clear if they will work against the coronavirus.





## **LOCKDOWN:**

Many complained about the lack of published models by the South African government to explain COVID-19 decision-making. Suppose modellers carefully explain their assumptions and present multiple scenarios. In that case, we can get a better understanding of the epidemic's trajectories or the potential of different interventions to reduce the number of infections.

However, models, especially because fancy equations surround them, can give a false sense of certainty. No one truly knows how the epidemic will play out. We humans, in contrast to many other species, have an insatiable desire to see the future.

But we cannot. We can only make educated guesses based on the limited information at our disposal, and with COVID-19, information is still minimal.



# Chapter 2

## Herd Immunity:

**We just got the best evidence yet that everyone develops long-term coronavirus immunity after infection.**

Aylin Woodward, Business Insider US – 19 August 2020.

- **Some early studies suggested the coronavirus antibodies fade relatively quickly, although it does not mean immunity vanishes.**
- **A new study found all people infected with COVID-19 – even those with asymptomatic or mild cases and patients who do not have detectable antibodies – develop virus-specific T cells.**
- **T cells identify and kill infected cells, and B cells create new antibodies. Those cells will attack the virus if it ever returns.**
- **The latest finding is firm evidence that all patients likely developed long-term immunity.**

Scientists may have now had an answer to one of the most crucial lingering questions about COVID-19: Whether people develop long-term immunity?

An early spate of research suggested that Coronavirus antibodies – blood proteins that protect the

body from subsequent infections – can fade within months. In their concern about those findings: they failed to implicate their concerns and to consider our immune system’s multi-layered defence against invading pathogens.

Specifically, they discounted the role of the white blood cells, which have impressive powers of recollection that can help your body mount another attack against the coronavirus should it ever return. Memory T cells are an especially key type, since they identify and destroy infected cells, and inform B cells about how to craft new virus-targeting antibodies.

A study published in 2020 in *The Journal Cell* suggests that everyone who gets COVID-19 – even people with mild or asymptomatic cases – develops T cells can hunt down the coronavirus if they get exposed again later.

“Memory T cells will probably prove critical for long-term immune protection against COVID-19.” The study authors wrote, adding, “They may prevent recurrent episodes of severe COVID-19.”

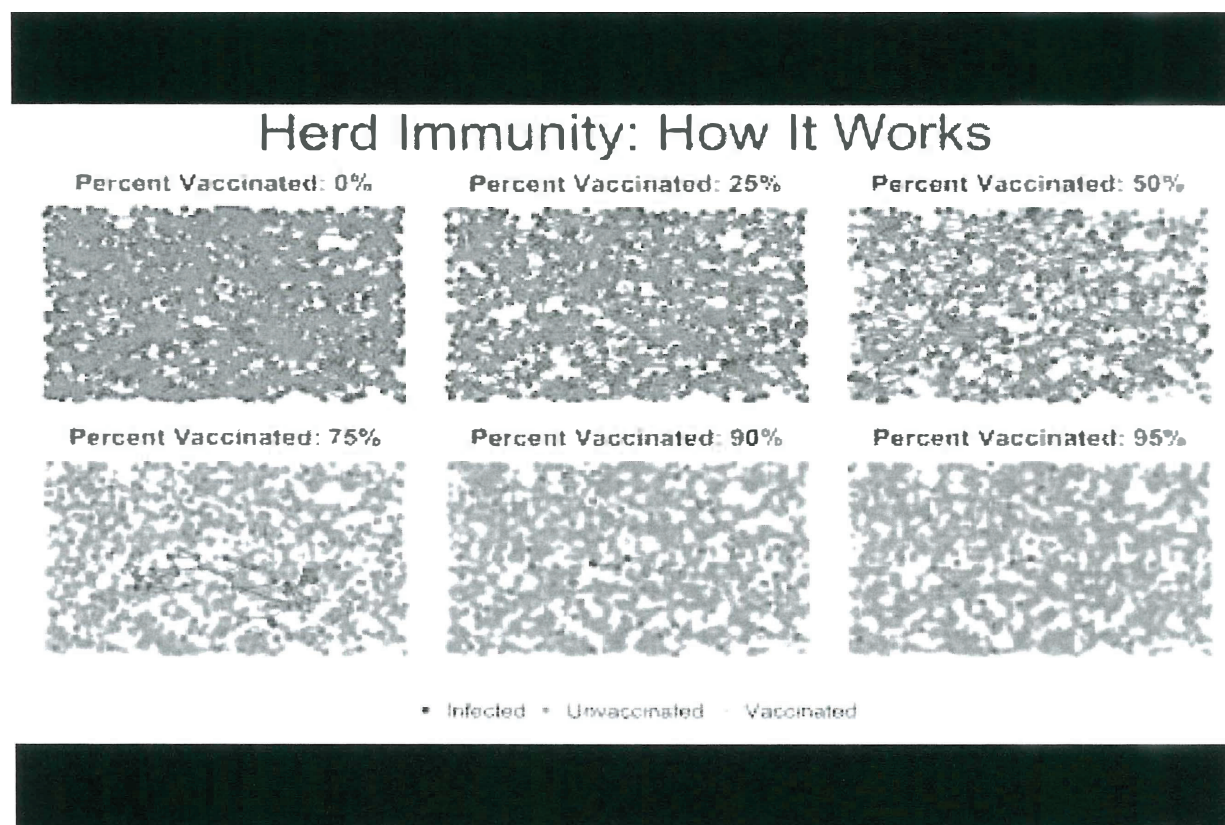
That is because memory T cells can stick around for years, whereas antibody levels drop after an infection. Even patients without antibodies have virus-specific T cells.

The authors of a new study examined blood from 206 people in Sweden who had COVID-19 with

varying degrees of severity. They found, regardless of whether a person had recovered from a mild or severe case, they still developed a robust T cell response. Even coronavirus patients who did not test positive for antibodies at all developed memory T cells. The results showed.

Anthony Fauci, director of the National Institute of Allergy and Infectious Diseases, called T cell studies like this, *good news*.

“There is a lot of hot stuff going on right now in T cell research,” said Fauci, during an *NIAID Facebook* live interview on Friday, adding, “People who don’t seem to have high titers of antibodies, but are infected, or were infected, had good T cell responses.”

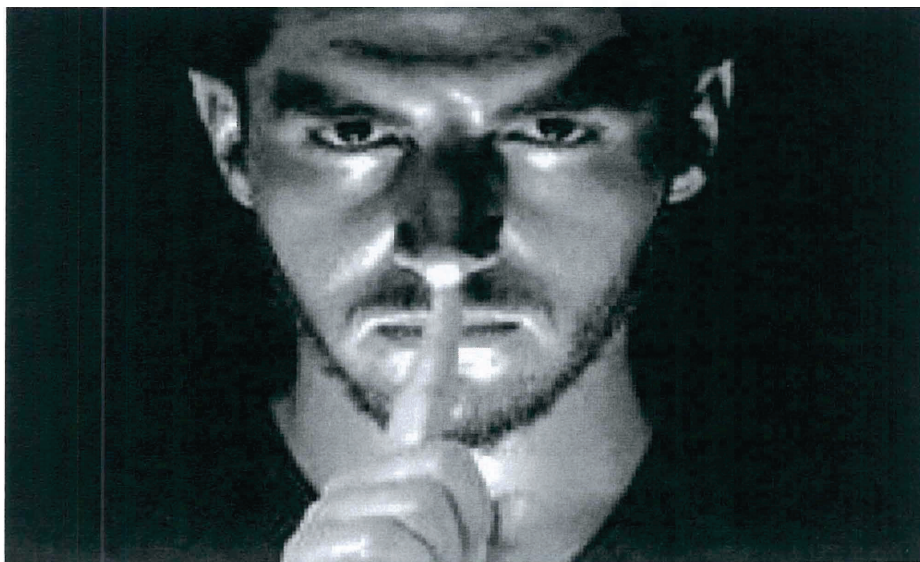


# Chapter 3

## Conspiracy Theories

They have postulated it. The virus was used to enrich some people all over the world.

All over the world, greedy people are using this virus for personal wealth. Most articles you read in the newspaper are correct. Take South Africa as an example. We are living in a communistic state.



Published by Cape Town Etc. on 25 May 2020

In many ways, 2020 has become the year of fake news, conspiracy theories and tall tales. The pandemic changed our way of life and has also brought with it waves of conspiracies that aim to *prove* what is *really* behind the coronavirus.

If you are unfamiliar, here are a few of the most popular conspiracy theories out there:



## **1. The coronavirus was engineered in a lab in China.**

COVID-19 indeed originated in a city in China. However, many people believe they engineered it in a lab. It was accidentally released and then covered up or intentionally released. However, only to infect those in China, like the Hong Kong protestors, who are revolting against their government.

Others believe this is a human-made virus and released by accident from a lab while researchers studied the coronavirus.

Experts say this is highly unlikely as there is no evidence of alterations in the virus's gene sequence.

## **2. Because of 5G technology.**

A large group of conspiracy theorists blame the spread of COVID-19 on 5G. Many are concerned 5G is highly unhealthy for the human body and is saying the waves it produces degrades the immune system, making people more susceptible to viruses. Some have even said 5G is, in fact, spreading the virus itself.

Researchers have reassured the public we spread the virus through respiratory droplets and is impossible to spread through 5G.

Other theories are the virus is a cover-up or distraction created to draw attention. At the same

time, the world's powerful people in the shadows roll out 5G across the globe to reduce our privacy and be able to access our personal data more easily. This has been refuted by many cases in countries across the world without a single 5G mast.

### **3. There is no virus.**

While the world struggles to keep spinning amid one of the most challenging periods, many generations have ever faced, some believe there is no virus at all.

While the theories on this conspiracy vary, many believe the coronavirus does not exist at all or they have already found a cure for the virus. That government is not sharing it with the public to control their movements or control population growth.

This conspiracy is popular in parts of Canada.

### **4. Bill Gates is making money off the virus.**

Bill Gates has had a tough time during the pandemic, as many believe the virus is a money-making scheme of his.

A large group of theorists believe it involved Gates in releasing the virus into the world in some way and had since been making money from vaccine trials and tests around the world.

Some even believe the virus was arranged so Gates could roll out a microchip programme to embed chips in the hands of people across the world and

control them and their personal data.

## **5. False death certificates.**

Many people believe health facilities and establishments across the world are making money out of the pandemic by stating patients died of the virus when actually they have not.

People believe the numbers are being manipulated across the globe and certain facilities and people are being allowed additional funding because of it.

Some say no matter what a patient dies from during this time, health officials and workers are marking their cause of death the coronavirus to make money.

## **6. The government is lying.**

Whether it is regarding the number of deaths, the extent of the spread of the symptoms of the virus, a large group of people from different countries around the world believes the government is not telling the truth about the virus.

Many believe the government is misrepresenting the symptoms of the virus. They believe the government said there are fewer or way more people dying than in reality.

## **7. Deadly vaccine.**

Another theory gaining popularity in the later stages of the coronavirus pandemic is that the vaccine will eventually be available to the public but might have

terrible side effects or even kill those who take it.

Conspiracy theorists say the virus is just an excuse for the government to reduce the population via the vaccine.

### **3.1 The five biggest coronavirus myths**

#### **BUSTED! Exposing the fear-mongering, propaganda and outright lies plaguing the world:**

By Peter Andrews, Irish science journalist and writer based in London. He has a background in life sciences and graduated from the University of Glasgow with a degree in genetics.

**The coronavirus misinformation that scientists, politicians and media have fed to the public has been shocking. Take a tour through the bizarre, contradictory and downright ludicrous myths that have done more damage than COVID-19.**

**TRIGGER WARNING!** Do not read this if you are a loyal member of the Branch Covidians, cravenly waiting for the pleasure-pain prick of the COVID-19 vaccine before you will appear in your own garden without a face nappy.

Alternatively, please read it, but you might not like it. There is no place for assumptions – only logical thinking from first principles. The only aim is to debunk the biggest myths the media and political establishment have propagated.

And if you hear me out, then I salute you; there are few of us left who hold open minds.



## **Myth 1: Slowing the spread of the virus is a good idea.**

This is the fundamental premise of the world's *response* to COVID-19 and from which all else springs. However, we never established we should try slowing the virus down, not even from the blinkered point of view of saving lives in the short term.

Slowing the spread of the virus was initially sold to us as a way of protecting the health services: Everyone will get sick at once. Hospitals will fill up to bursting points and people will die on gurneys in car parks. Remember *flatten the curve*? Since COVID-19 infections are inevitable, spreading them throughout time will indirectly save lives by ensuring everyone can be saved by medical interventions through oxygen masks and ventilators.

A noble idea, but a misguided one. Most hospitals spent the months of the outbreak as almost empty. They postponed all other medical treatments to prepare for the onslaught of the COVID-19 patients, coughing their lungs up. An onslaught which never arrived. Even intensive-care units rarely reached full capacity.

It quickly became apparent for the people most at risk from COVID-19 that ventilators and intensive care treatment are unsuitable. Only a tiny minority of those who died, died in intensive care. Elderly people with much co-morbidities are best kept in ordinary wards.

So *flatten the curve* was a dead duck. But does it make sense to slow the spread of the virus? Well, if only you think those who can catch and die of COVID-19 can evade the virus until we develop a vaccine. Some vulnerable people believe they have not caught the virus (They may be asymptomatic.) and want to wait for a putative vaccine. They should then be more upfront about their intentions. Because if they cannot, there is no point to all of this.

In addition, there is at least one theory why you could do someone a favour by giving them the virus. Evolutionary theory tells us that as a respiratory virus spreads, it loses potency.

A successful virus is mild, which does not kill its host before it spread. This is how herd immunity really works in this context: it's about the changes to the virus itself. In contrast, when we locked down, the virus had nowhere to go.

Instead of getting milder, all the most dangerous strains came together in the only places where sick people gathered: nursing homes and hospitals.

Therefore, I greeted the news that the virus was becoming more contagious with jubilation – it is better for the virus to spread freely; at least among the healthy.

## **Myth 2: Lockdowns slow the spread.**

However, let us pretend for a while it is not better. Because without the fundamental assumption of spreading bad, we flip the rest of the discussion on its head. *Spikes* become a cause for relief, not a concern. Masks, if they work, become counterproductive. I am not claiming this as truth – only if it is at least as likely as the classical model.

Nevertheless, if you can suspend your disbelief for long enough to imagine hindering the spread of the virus is worthwhile, then you might be forgiven for assuming lockdowns are the way to go.

There is, however, no suggestion, let alone evidence, that lockdowns would pose a problem for a wily virus. If lockdowns played any part at all, we would expect to see a correlation between the different forms of lockdowns enforced by various regions or countries, and the shape of the death curves there. The correlation is zero.

Belgium, the UK, New York: strict lockdowns; lots of deaths. Sweden, Japan, Uruguay: light or no lockdowns; few deaths. You can point to opposite examples, but the point – there is no consistency. And before you try to explain away individual countries with hand waving about ‘different cultures’ or ‘better testing’, there is no correlation with any of those things either.

Put simply; there is nothing a government can do

that will work to block the virus. Lockdowns may be the biggest tools in the shed, but they are still faulty.

### **Myth 3: Contact tracing is the answer.**

Early in the outbreak, there seemed to be a connection between those countries with impressive track and trace capabilities, like Germany and South Korea, and their ability to cope. Of course, the tracking and tracing itself could not have been *curing* the population of COVID-19. No one knew why there seemed to be a positive effect from comprehensive testing. Months later, no one still knows.

But that has not stopped western governments from pathetic attempts to emulate the conformist East Asia societies with contact tracing apps and programmes. Despite a not inconsiderable propaganda campaign, they have all failed miserably. This is mainly because there are not enough people with proper symptoms anymore, months after the peak of the virus.

Trying to ramp up contact tracing in August goes beyond locking the barn door after the horse has bolted. This horse bolted so long ago that now herds of its descendants roam the countryside. Meanwhile, the farmer ruins his homestead to pour his resources into the increasingly elaborate and expensive door locking contraptions.



## **Myth 4: BAME people are more at risk.**

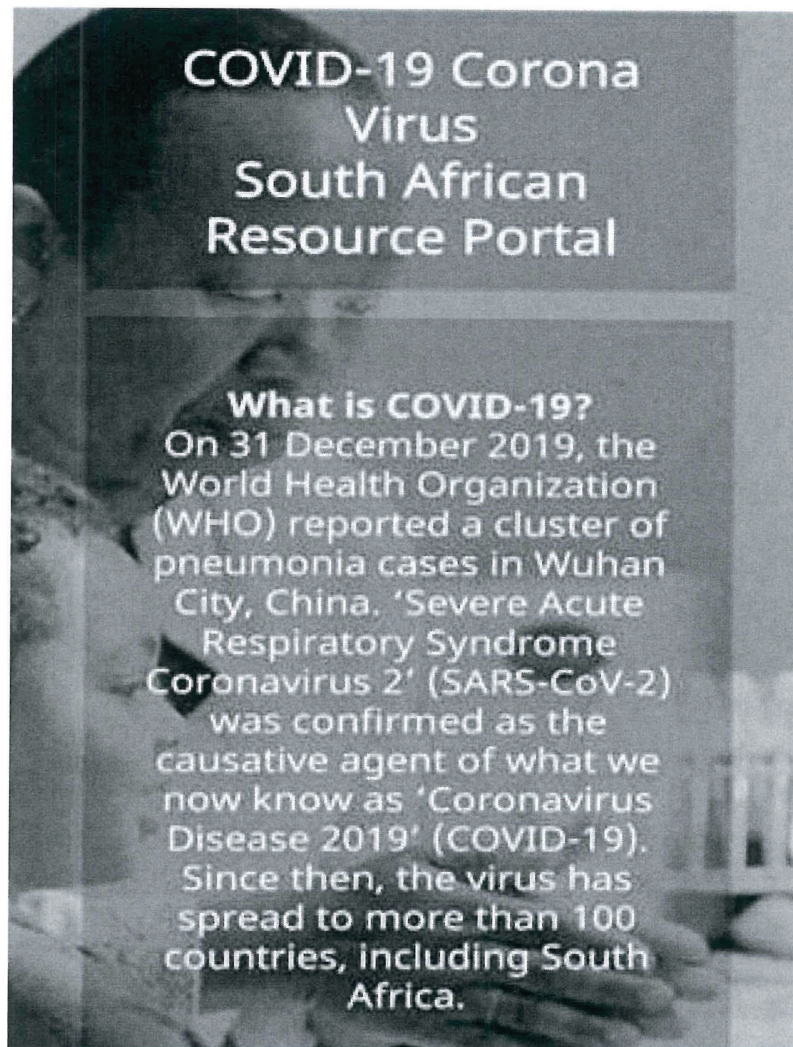
For BAME, insert whatever ethnic or another minority you have read is worst affected by the virus outbreak. *Factoids* like this come from dividing the sick or the dead into their *Woke groupings* and comparing the proportions to the population. And no doubt, BAME people are *over-represented* in these statistics.

The risk is at the population level. They explain it as a whole by mediating factors like obesity, diabetes and other co-morbidities, more prevalent in some populations than in others. If you are in your eighties, overweight and sickly, then you should worry about catching the virus regardless of your race.

Similarly, if you are fit and under sixty years, you are most likely to be struck by lightning then killed by a virus, regardless of your race. There has been a suggestion, but only a suggestion, that lower Vitamin D levels in black people could play a part, but that is not behind the disparities.

This basic statistical point ridiculously makes the notion that some professional athletes worry about returning to their sport. I feel sorry for the likes of Troy Deeney (not just because they have relegated him with Watford) but because he has understandably been frightened by poor scientific communication. As a healthy young BAME man, there is no reason to suspect he himself is at an increased risk. They have persuaded

him. He is by a regime that distils power from fear.



### **Myth 5: For schools to open, pubs must stay close.**

What utter rot is this? The individual who came up with this false trade-off would have a bright career in board game design if they were not earning so much as a public servant. This is a fabrication, and somewhat difficult to disprove, rather like the existence of invisible fairies.

You could, you know, leave the pubs open and open the schools as well. However, I suppose there would

then be a *second wave* of deaths two weeks later. You know, like the *second wave* they warned us about in May 2020. And again in June 2020, and again in July 2020.

Only in the past two weeks, did the *WHO (World Health Organisation)* finally give up the dream and change of their story of ***One Big Wave***, which does not have the same ring to it. Though the second wave of fiction has not yet been memory-holed, they can trot it out on demand to force through any further assaults on our remaining freedoms.

Every day since April 2020, I have been proven right. All I can do is predict a second wave in deaths which will never materialise. The establishment, in contrast, makes wrong predictions again and again, and are never held to account. They just change the prediction and hope everyone forgets what was said a week ago. “Do not wear a mask. Do not go to work.” And “Go to work, but do not take public transport. But if you do, wear a mask.” Do not be fooled into thinking the confusion was incidental. It is part of the plan. Confused people are easier to control.

### **Myth 6: Close your borders.**

Should we close our borders to the rest of the world? Keep tourism out and people away. For how long? Hotels are closed, Airbnb’s are closed,

Boutique Hotels and B&B's are closed. No visits to tourism attraction spots. They are all closed to visitors.

When people enter the country they are put in a two-week quarantine. This was enforced in March 2020 in South Africa and other countries around the world.

In an interview in October 2020, Stefanovic from the *Today Show* wanted to know, "What we are seeing that really works is strong quarantine and strong monitoring at borders," she said. "So if you are looking at, really following everybody who comes in, really putting them in quarantine, really making sure that happens, then we are certainly seeing that is what prevents transmission."

But Dr Harris from the WHO answered, "So what we are saying is exactly, manage your borders. No, whether it is open or closed but really manage your borders."

Harris said different authorities make different decisions on border closures and the WHO can't come in and boss individual countries around. They trust each country to look at what works in their society and what will be the best to prevent transmission.



“Just look at what’s happened to the tourism industry in the Caribbean, for example, or in the Pacific because people aren’t taking their holidays,” said Dr Nabarro.

He cited the collapsing tourism industry for nations as evidence.

### **The bigger the lie...**

It may have been Joseph Goebbels who said: “If you tell a lie big enough and keep repeating it, people will eventually come to believe it.” It seems this is an evergreen statement; not only is there any limit to the size of the lie, but there also appears to be no limit to the number of lies either.

Hypotheses make predictions, and if they are consistently proven right, eventually they become a theory. Einstein is heralded because he made predictions about black holes that are only being proven true almost a century later.

Many fine minds have put their necks out to make predictions about this outbreak, despite slime and slander from the cheerleaders of the elite. Yet, when they are vindicated, the cheerleaders seem to drown them out.

In contrast, Neil Ferguson is rolled out again and the *second wavers* keep saying, “Wait another two weeks”. When will this end? Never. Not until we have

- a complete rethink. Logic and reason do not work. It is
- time for a fresh approach.

■ Flu kills 5x as many as  
 ■ Covid-19. Buried in p.11 of  
 ■ The Times 12th August.  
 ■ Should be front page news!

**Flu kills five times more than Covid**

**Chris Smyth**

Flu and pneumonia are killing five times as many people as coronavirus at present, with Covid deaths at their lowest since the end of March, figures show.

The Office for National Statistics (ONS) said that overall deaths were below average for the time of year for the seventh consecutive week, while deaths from Covid-19 were at a 19-week low.

There were 193 deaths reported in the week ending July 31 that had coronavirus mentioned on the death certificate, continuing three months of falls since a weekly peak of 8758 in April. It is the lowest figure since 103 died in the week ending March 20, on the eve of lockdown.

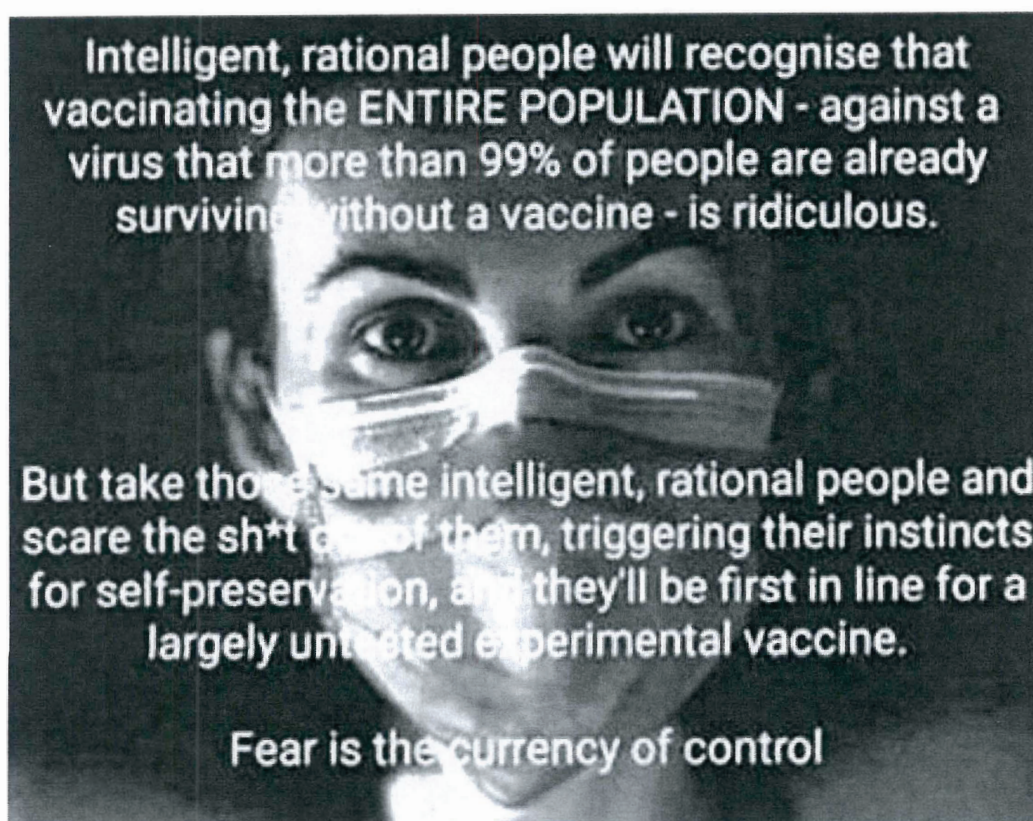
By contrast, 928 people died of flu or pneumonia in the last week of July, slightly fewer than previous years. This was the seventh consecutive week in which more people had died of flu or pneumonia than coronavirus.

While fewer than usual died in care homes and hospitals, 676 more died at home than in the average week. Experts fear that this is a consequence of people staying away from the NHS out of fear.

So far this year, 380,064 people have died in England and Wales, 52,895 more than average. 51,710 death certificates mentioned coronavirus, including two fifths of deaths of people over 85. "The disease has had a larger impact on those most vulnerable and those at older ages," the ONS said. "Some of these deaths would have likely occurred over the duration of the year but occurred earlier because of Covid-19. These deaths occurring earlier than expected could contribute to a period of deaths below the five-year average."

After The Times revealed plans for the government to publish three separate daily death counts yesterday — all of which are calculated differently to the ONS figures — no figures were published "owing to technical difficulties".

Ministers believe that the ONS figure is an overestimate because Public Health England counts anyone who has ever tested positive as a coronavirus death, whatever actually killed them. Although there were six more coronavirus deaths in English hospitals and two in Wales, the number outside hospitals in England could not be collated.



**Intelligent, rational people will recognise that vaccinating the ENTIRE POPULATION - against a virus that more than 99% of people are already surviving without a vaccine - is ridiculous.**

**But take those same intelligent, rational people and scare the sh\*t out of them, triggering their instincts for self-preservation, and they'll be first in line for a largely untested experimental vaccine.**

**Fear is the currency of control**

### 3.2 WHO coronavirus PCR Test Primer Sequence found in All Human DNA.

The sequence “CTCCCTTTGTTGTGTTGT” is an 18-character primer sequence found in the WHO coronavirus PCR testing protocol document. The primer sequences get amplified by the PCR process to detect and designate as a positive test result. It just so happens this exact same 18-character sequence, verbatim, is found on Homo sapiens chromosome 8. As far as I can tell, this means the WHO test kits could find a positive result in all humans.

Primers and probes

Name	Sequences (5'·3')	Length (bases)	PCR product size	Ref.
<b>RdRp gene / nCoV_IP2</b>				
nCoV_IP2-12669Fw	ATGAGCTTAGTCCTGTTG	17	108 bp	1
nCoV_IP2-12759Rv	CTCCCTTGTGTGTGTGT	18		
nCoV_IP2-12696bProbe(+)	AGATGTCTTGCTGCCGGTA [5']Hex [3']BHQ-1	21		
<b>RdRp gene / nCoV_IP4</b>				
nCoV_IP4-14059Fw	GGTAACTGGTATGATTTCG	19	107 bp	1
nCoV_IP4-14146Rv	CTGGTCAAGGTTAATATAGG	20		
nCoV_IP4-14084Probe(+)	TCATACAAACCACGCCAGG [5']Fam [3']BHQ-1	19		
<b>E gene / E_Sarbeco</b>				
E_Sarbeco_F1	ACAGGTACGTTAATAGTTAATAGCGT	18	125 bp	2
E_Sarbeco_R2	ATATTGCAGCAGTACGCACACA	20		
E_Sarbeco_P1	ACACTAGCCATCCTTACTGCGCTTCG [5']Fam [3']BHQ-1	20		

1/ National Reference Center for Respiratory Viruses, Institut Pasteur, Paris.

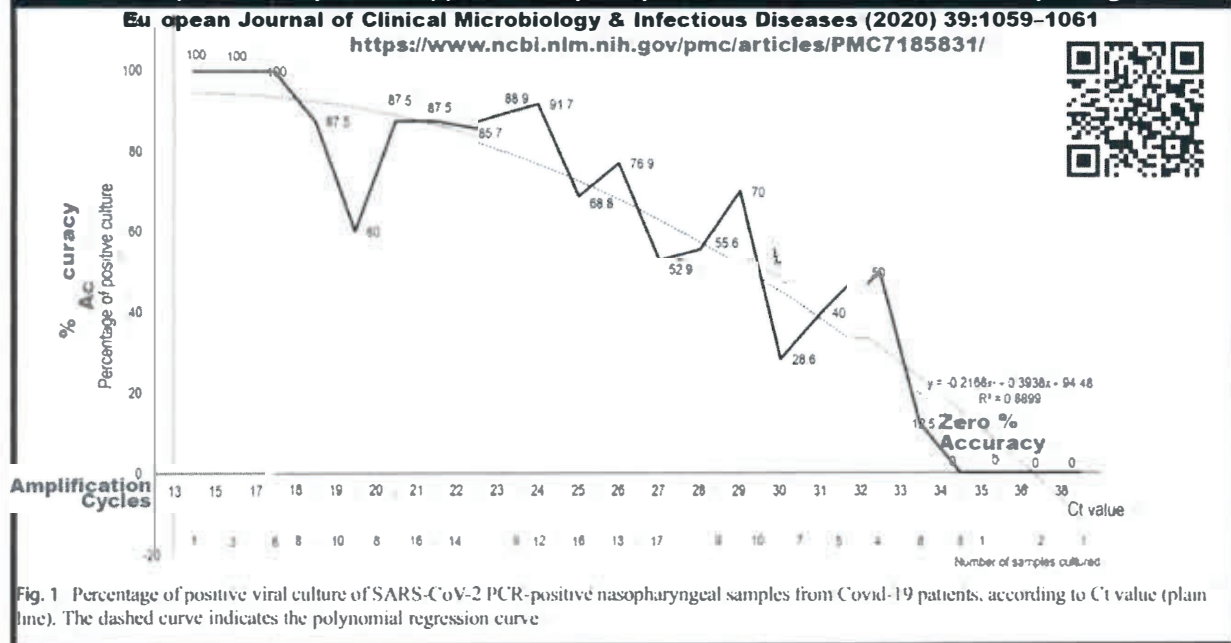
2/ Corman et al. Eurosurveillance<sup>1</sup>

<https://pieceofmindful.com/2020/04/06/bombshell-who-coronavirus-pcr-test-primer-sequence-is-found-in-all-human-dna/>

# Kary Mulles

## PCR test 0% accurate

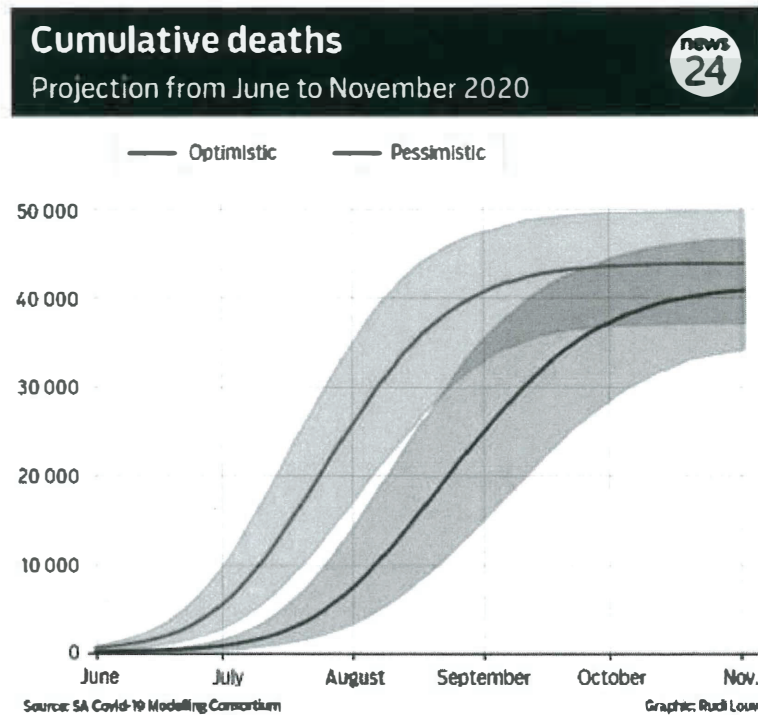
Number of amplification cycles. At approximately 35 cycles, the PCR test has an accuracy rating of 0%.





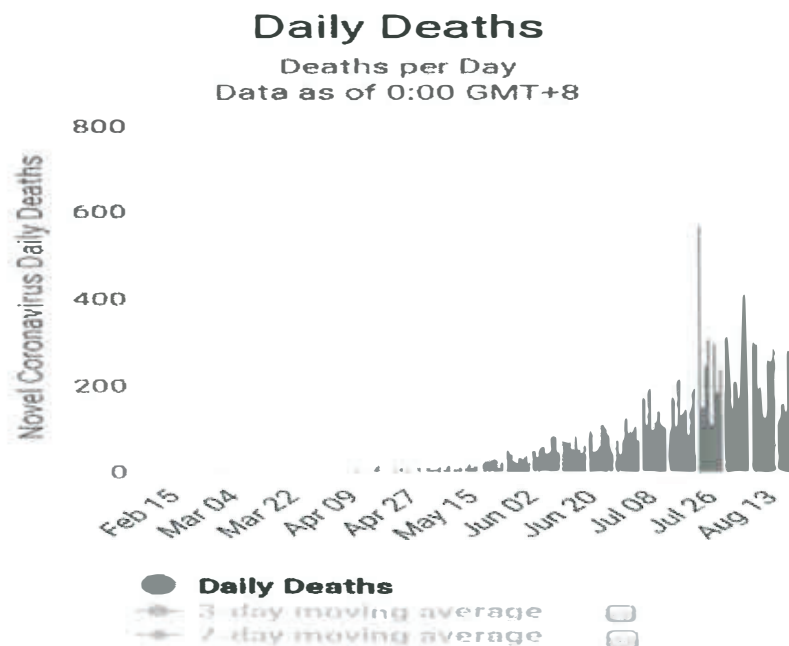
# Chapter 4

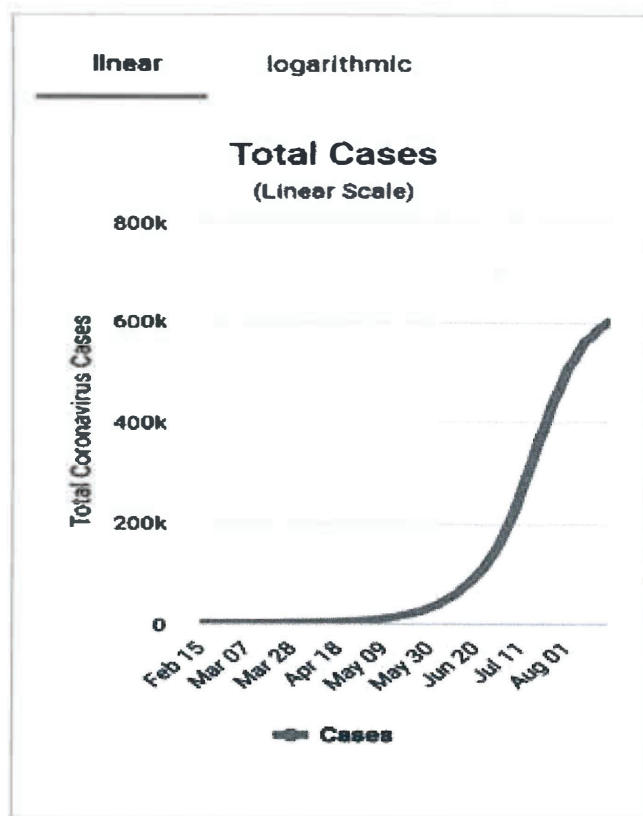
## South Africa: What they predicted?



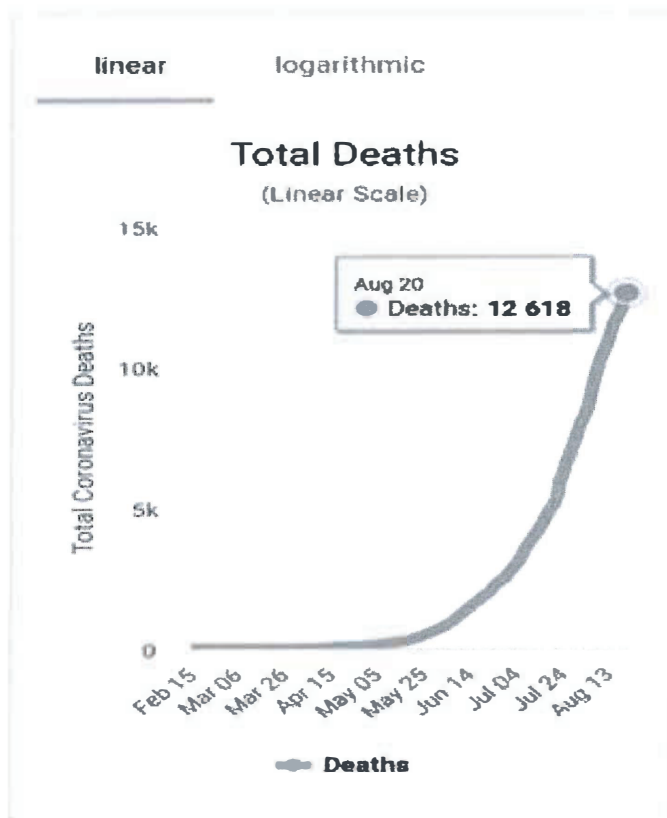
## What happened?

### Daily New Deaths in South Africa

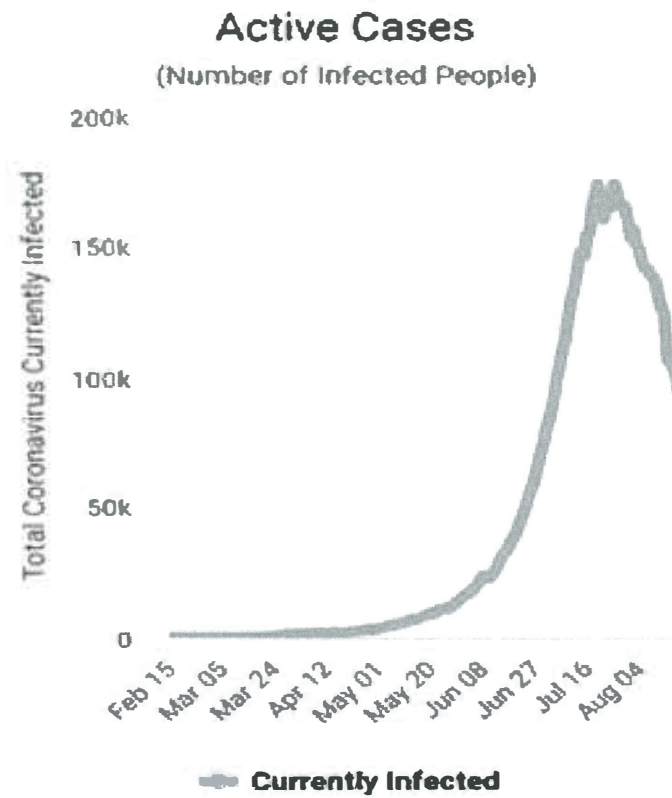




## Total Coronavirus Deaths in South Africa

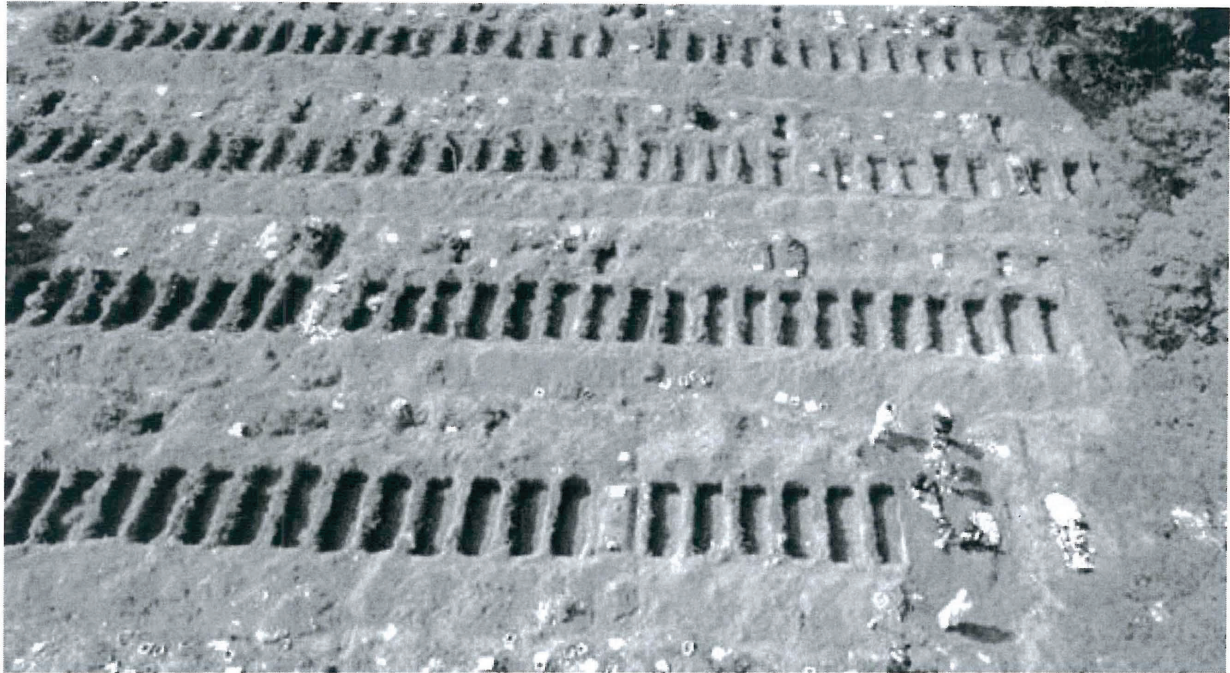


## Active Cases in South Africa



## **South Africa panic – over 1.5 million graves dug amid expected deaths in Gauteng.**

In July 2020, Gauteng Health MEC Bandile Masuku said the province has dug graves to prepare for the peak of COVID-19.



We can see a bulldozer digging graves at a graveyard in Pretoria, 8 July 2020. The site is being prepared for an influx of COVID-19 related deaths.

**South Africa has become one of the most corrupt countries in the world.**

### **4.1 South Africa's double blow: Corruption and the coronavirus.**

As the number of coronavirus cases increases in South Africa, there are growing concerns over widespread corruption involving funds meant to deal with the COVID-19 pandemic.





South Africa has registered over 500,000 COVID-19 cases – making it the hardest-hit country in Africa. The country’s recorded cases represent over 50% of all reported infections in 54 African countries.

According to statistics from Johns Hopkins University, South Africa, with a population of about 59 million, ranked fifth in the world in terms of COVID-19 cases. It falls behind the United States, Brazil, Russia and India, respectively, all these countries have a bigger population than South Africa.

The overwhelming growth in the number of patients because of the virus is taking a toll on the southern African nation’s health sector.

In Gauteng and Western Cape, the worst affected provinces, exhibition venues and convention centres are being turned into emergency hospitals.

According to Martin Kingston, leader of the Business for South Africa Organization, the worst is yet to come. “We think the surge is upon us and is likely to peak

towards the end of August leading in September,” Kingston told DW.

“So, we expect increasing levels of both infection and, of course, mortality throughout the balance of the year.”



South African are dismayed for seeing funds meant to help them defaulted by politicians and businessmen.

## **Massive corruption**

Those working on the frontline of fighting the virus face a stiff challenge caused by issues with personal protective equipment (PPE).

Massive corruption surrounding the purchasing and supply of PPE puts the workers at risk when taking care of patients.

The graft involves overpricing, substandard products and services, and giving tenders to those connected to the government and the ruling party.

Anti-corruption groups in South Africa say in Gauteng alone, about 91 companies who received purchase orders from the Department of Health are under investigation.

Amongst the top officials being investigated is President Cyril Ramaphosa's spokesperson Khusela Diko. Her husband allegedly scored a \$7 million (€5.9 million) tender. The Gauteng provincial minister of health, Bandile Masuku, and his wife was told to take special leave because of allegations COVID-19 relating to tender corruption.

President Ramaphosa said his government is working to 'root out corruption' in the purchase and distribution of medical equipment. "It is unconscionable that some people may use this health crisis to enrich themselves unlawfully," said Ramaphosa.

## **4.2 "COVIDPRENEURSHIP" CORRUPTION!!**

By Benita Ardenbaum Posted 11 August 2020

In recent weeks South African's have been inundated with reports over widespread allegations of corruption involving funds which were allocated for the COVID-19 pandemic.

At the forefront of these reports has been the R125 million personal protective equipment tender awarded to King Madzikane II Diko's Royal Bacha projects.



Reality is, there are those within the State and other institutions who misuse the situation. The COVID-19 pandemic is clearly an opportunity for some to exploit the situation.

It is a disgrace to the citizens of South Africa that there are those appointed in positions of authority and power, who have to provide and protect their people. However, these people have no conscience of stealing money meant for protective equipment.

They said while “COVIDpreneurship” happens millions of South African citizens face job losses and increased poverty. The daily media reports and stories of those citizens of our country who are facing malnutrition, retrenchment, business closures, and of communities being unable to access healthcare are deplorable.

The story of COVID PPE procurement is a disastrous story of the State squandering its limited finances on corruption during the worst economic crisis our country has ever faced, and it is the sad truth.





The penny dropped the weekend in August 2020 when President Ramaphosa announced, with the move to level 2 of the countywide lockdown, that there were 105 000 active COVID-19 cases in South Africa. Moreover, there is ample bed capacity in hospitals to cope with the severe COVID-19 cases. So far, less than 12 000 deaths of the nearly 600 000 who were tested positive, were reported.

#### **4.3 Coronavirus in South Africa: Inside Port Elizabeth's 'hospitals of horrors'.**

[https://www.bbc.com/news/world-africa-53396057?fbclid=IwAR2VtjUkg8b1OGMmR6arNzgGIVu\\_9aVB\\_5HJWifKTizlgu9o9xEaaJhEHAg](https://www.bbc.com/news/world-africa-53396057?fbclid=IwAR2VtjUkg8b1OGMmR6arNzgGIVu_9aVB_5HJWifKTizlgu9o9xEaaJhEHAg)

An exclusive, weeks-long BBC investigation inside filthy hospitals in South Africa has exposed an extraordinary array of systemic failures showing how

exhausted doctors and nurses are overwhelmed with COVID-19 patients and the health service near collapse.

With key staff on strike or sick with coronavirus in the Eastern Cape Province, they forced nurses to act as cleaners, and surgeons were washing their own hospital laundry. There were alarming reports of unborn babies dying in overcrowded and understaffed maternity wards.

As doctors, unions and management fight over scarce resources, one senior doctor described the situation as “an epic failure of a deeply corrupt system”, while another spoke of “institutional burn-out... a sense of chronic exploitation. The department of health essentially bankrupts, and a system on its knees with no strategic management.”

The revelations come as South Africa – which held the coronavirus back for months with an early, tough, and economically devastating lockdown – now sees infection rates soar nationwide, prompting President Cyril Ramaphosa to warn “the storm is upon us”.

“Services are crumbling under strain. COVID-19 opened all the chronic cracks in the system. It created much conflict,” he said, confirming reports that patients had been *fighting for oxygen* supplies in a ward at Livingstone Hospital in Port Elizabeth. Dr Black – one of only two *infectious disease specialists* in a province with a population of about seven million – was the

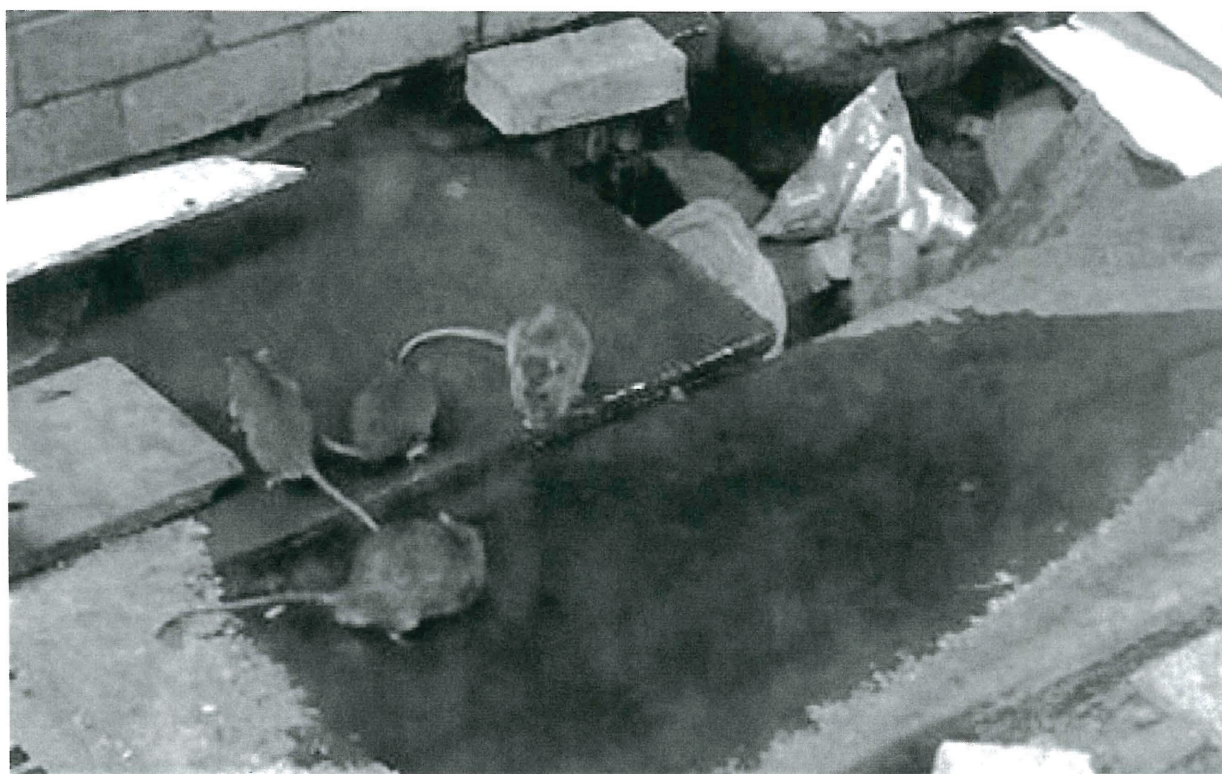


only doctor in Port Elizabeth who agreed to talk to us on record. However, dozens of nurses and doctors spoke on condition of anonymity, fearing they would lose their jobs if we made their identities public.

### **Rats feeding on the red waste.**

At Livingstone Hospital – designated as the main COVID-19 hospital in the district – doctors and nurses described scenes *like a war situation* with blood and waste on the floors, a lack of Personal Protective Equipment (PPE), oxygen shortages, and a severe shortage of ambulances, no ventilation and patients sleeping *under newspapers*.

Rats have also been spotted feeding on dark red hospital waste pouring into an open drain.



## **Fear and fatigue**

The health crisis focused on the city of Port Elizabeth, and there were fundamental questions raised about how those extra months were used or wasted by officials.

“There is a tremendous amount of fear and mental and emotional fatigue. We were working with skeleton staff even before COVID-19, and now we are down another 30%,” said Dr John Black.

“Doctors scrabbled to do the most urgent of surgeries, portering, scrubbing floors, and working with one or two nursing staff. Matrons were washing linen,” a doctor wrote sending, his response by email.

“Every day I come to work in fear,” said a senior nurse who just finished her shift.

**“The infection numbers are going up. Every day we’ve got chaos. There are a lot of pregnant women all over the wards,”** said another nurse.

**“Mothers and babies are dying.”**

Several doctors said staff had been left deeply traumatised by a recent episode where a maternity ward at Port Elizabeth’s Dora Nginza Hospital became so overwhelmed, several mothers and infants died.

“I was involved in the delivery of two dead infants and know there were more. This is very unusual. To have several mummies and babies dying in one week in



one hospital is unheard of and unacceptable,” said one medic.

They were convinced the deaths were because of severe understaffing, which left many pregnant women waiting for days, sometimes lying in corridors, for urgent surgery.

Three other medical officials with knowledge of the relevant wards confirmed the reports of an unusual number of stillborn infants in recent weeks. The sense of a deepening crisis – also reported by *South Africa’s Daily Maverick*, and other local media – has been compounded by a lack of proper management, which has seen departments turning on each other, and using COVID-19 as an *opportunity to air every grievance that ever happened*, according to one official.

Livingstone Hospital has been without a permanent chief executive officer or management team for a year and a half after they sacked the last team for alleged corruption.

“We have been rudderless for some time now,” said Dr Black bemoaning the lack of *strong leadership* to stabilise escalating conflicts between different departments at the hospital, and, in particular, with local unions.

South Africa’s powerful unions have been extremely active in Port Elizabeth during the crisis. Laundry workers, cleaning staff, porters and some nurses have

all gone on strike.

The sudden, union-backed, closure of smaller clinics, in particular, has pushed more patients towards the city's three big hospitals, quickly overloading them.

“We have seen unions shut down hospital after hospital. Each time one staff member or patient tests positive, all staff down tools. While all these union demands are being met, nothing happens... for up to two weeks,” one doctor complained.

### **‘We cannot risk the lives of our nurses.’**

Union officials have vigorously defended their members' actions.

“It is not true at all that we are exploiting the situation,” said Khaya Sodidi, provincial secretary of the nurses' union, the *Democratic Nurses Organisation of South Africa*.

“Our nurses are overwhelmed, having to clean floors or cook because kitchen staff are not working. We cannot risk the lives of nurses. They are human beings.”

Several doctors defended the strike actions, saying they pushed frontline staff to the limit. Not only by COVID-19 but by years of exploitation.

“I am grateful to the unions right now. Sometimes they focus on the wrong issues, but at least they're highlighting the problems,” said one senior doctor.

Another criticised the repeated closure of community

clinics because of *one or two infections* as an *over-reaction*, but said the situation rather had to be put into context.

“They chronically exploited staff, abused and neglected them for years and now they are asked to do something which might kill them. There is an institutional burn-out,” said the doctor.

There is general agreement among unions and medical staff that the current crisis directly results from many years of systematic underfunding, mismanagement and corruption in one of South Africa’s most notoriously badly run provinces.

Estimates vary, but Livingstone Hospital fights the pandemic with about a third of the staff of what they consider being enough staff.

“We have historic issues of staff-shortages, labour problems, lack of leadership and, sadly, corruption, cronyism, and fiscal mismanagement. Health services were circling the drain for ten years. Now they have collapsed,” said Cole Cameron of the *Igazi Foundation*, a local non-governmental health organisation.

### **‘We are on track to fight COVID-19.’**

Asked about these criticisms, the secretary-general of the Eastern Cape Health Department, Dr Thobile Mbengashe, acknowledged *several highly critical structural issues which affect our response*, and said staff were “anxious, fearful and overwhelmed.”



#### **4.4 South Africa's Big Coronavirus Aid Effort Tainted by Corruption** by Lynsey Chutel 19 August 2020

As South Africans cope with hunger in the pandemic, government efforts at delivering relief have floundered amid widespread allegations of fraud and mismanagement.

JOHANNESBURG, South Africa — Contracts are being doled out to family members. Food parcels have gone missing. And funds meant for unemployment insurance are making their way into the pockets of political cronies.

South Africa, the continent's economic powerhouse, responded to the coronavirus pandemic by announcing the largest relief effort in the country's history. However, the undertaking was dogged by allegations of widespread corruption and mismanagement, under-



mining confidence in a government which had initially received international acclaim for their assertive response to the pandemic.

Charities and ordinary citizens say it has left them to fill in the gaps created by the government's failures.

Despite its moves to control the pandemic, South Africa is overwhelmed by over 592 144 coronavirus cases, the fifth-highest infection rate in the world and the highest official caseload on the African continent.

He has called those accused of corruption "A pack of hyenas circling wounded prey," and announced a new law enforcement unit to investigate the allegations.

The scandal, which has dominated airwaves and talk shows in recent weeks, includes allegations that government leaders and politically connected cronies siphoned off money, meant for the Unemployment Insurance Fund, and relatives of public officials were handed inflated contracts to supply personal protective equipment.

**"Health services were circling the drain for ten years. Now they have collapsed" – Cole Cameron,  
Secretary of Igazi Foundation.**

The effort of relief has since become a source of embarrassment for President Cyril Ramaphosa, elected on a platform of stamping out corruption. They have forced President Ramaphosa to shift from explaining lockdown measures to seeking to reassure the public that they will deliver aid and those who aim to profit from it – including members of his own party – will be punished.

He has called those accused of corruption “A pack of hyenas circling wounded prey.” and announced a new law enforcement unit to investigate the allegations.

The scandal, which has dominated airwaves and talk shows in recent weeks, includes allegations that government leaders and politically connected cronies siphoned off money, meant for the *Unemployment Insurance Fund*, and relatives of public officials were handed inflated contracts to supply personal protective equipment.



People were cueing for food parcels in South Africa during lockdown.

**A World Health Organisation (WHO) doctor claims reports it has backflipped on lockdowns are wrong, but the new advice she gave on the *Today show* recently left Karl Stefanovic scratching his head.**

According to Dr Harris, “Lockdowns are basically mass quarantines and governments have got to the stage where they have huge transmission going on and is it not clear exactly where the chains of transmission are, it is a thing that governments have resorted to.

“But right from the start we have said what we would really like to see is a strong tracking, tracing, the community handwashing, mask-wearing so you don’t have to go into lockdown. Now a lot of countries have had to go to lockdown, but we say do all the other things to avoid going there because the economic and social costs are very high.”

## **WHAT DID THE WHO (World Health Organisation) SAY?**

Another doctor from the WHO, Dr David Nabarro, appealed to world leaders in October 2020, telling them to stop “using lockdowns as your primary control method” of the coronavirus. He also said the only thing lockdowns achieved was poverty – with no mention of potential lives saved.

Dr Nabarro told *The Spectator*, the WHO does not

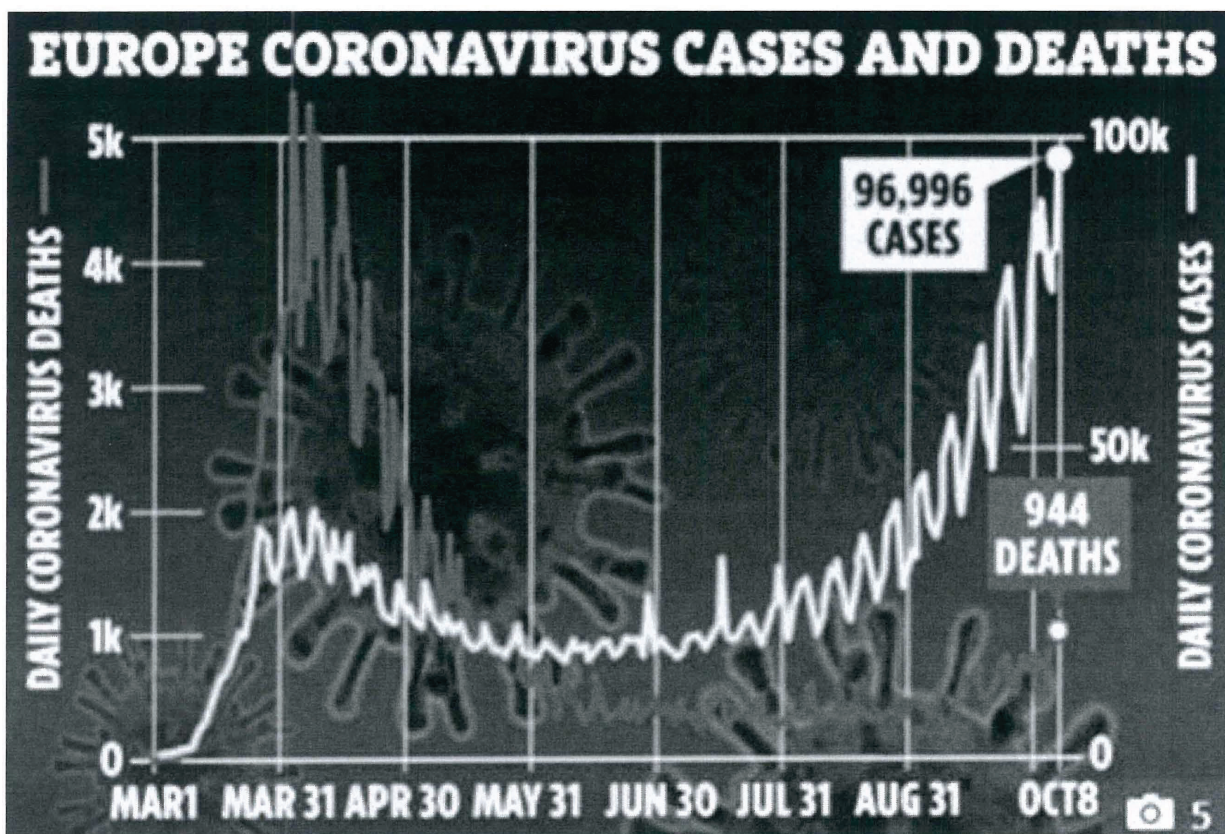


“advocate lockdowns as the primary means of control of this virus”.

Dr Nabarro’s major criticism of lockdowns involved the global impact, explaining how poorer economies had been indirectly affected.

Instead, Dr Nabarro is advocating for an alternative approach to containing the virus.

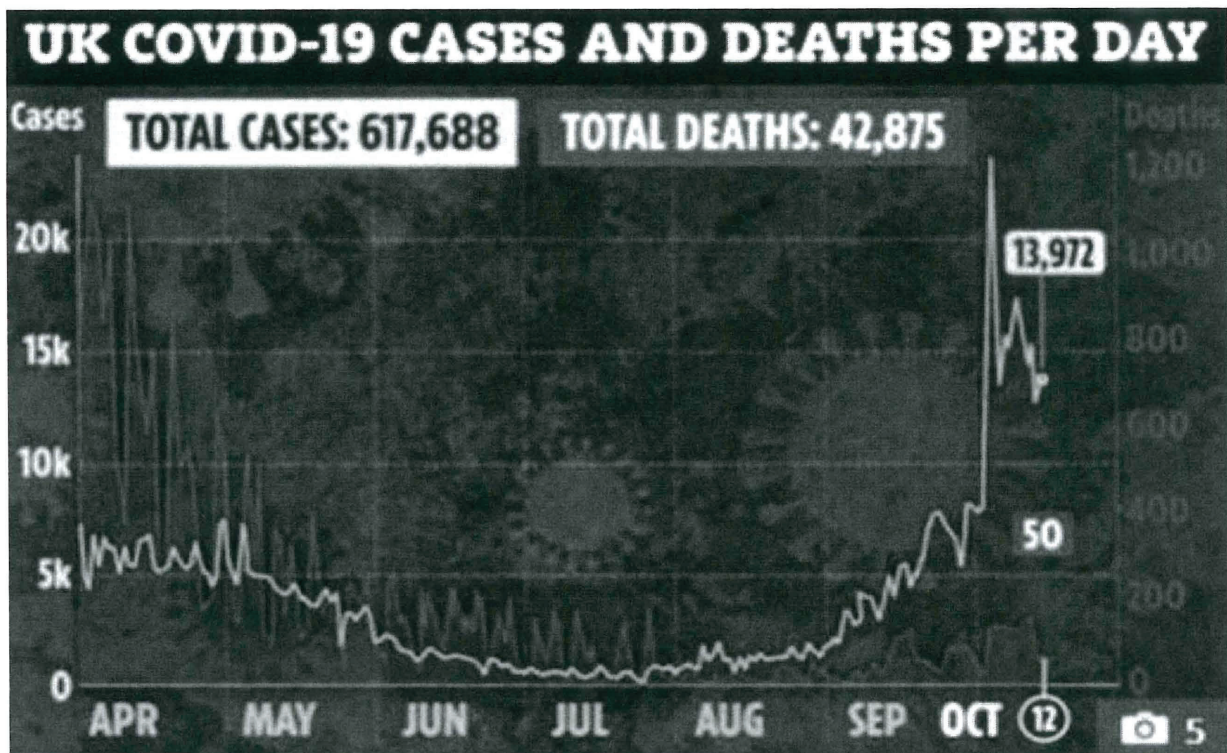
“And so, we really appeal to all world leaders: Stop using lockdown as your primary control method. Develop better systems for doing it. Work together and learn from each other.”



**Dr. David Nabarro from the WHO appealed to world leaders yesterday, telling them to stop “using lockdowns as your primary control method”.** *Source:*

*Twitter.*

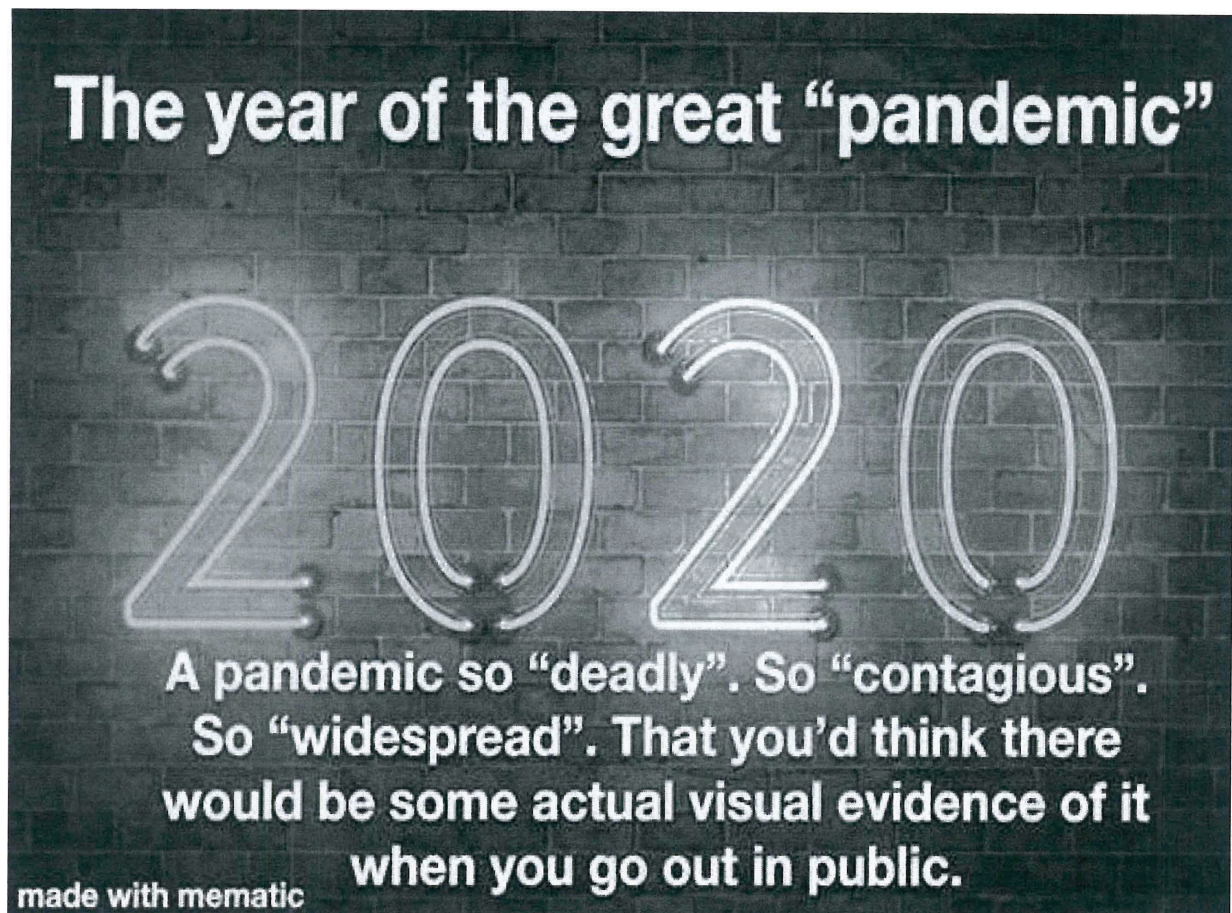




In addition, the government expanded a food distribution program to feed 4.5 million South African citizens who were out of work. The reason; The pandemic has been stymied by local councillors policing how the food gets delivered, according to charitable and watchdog organisations.



RUINING LIVES SINCE  
1994

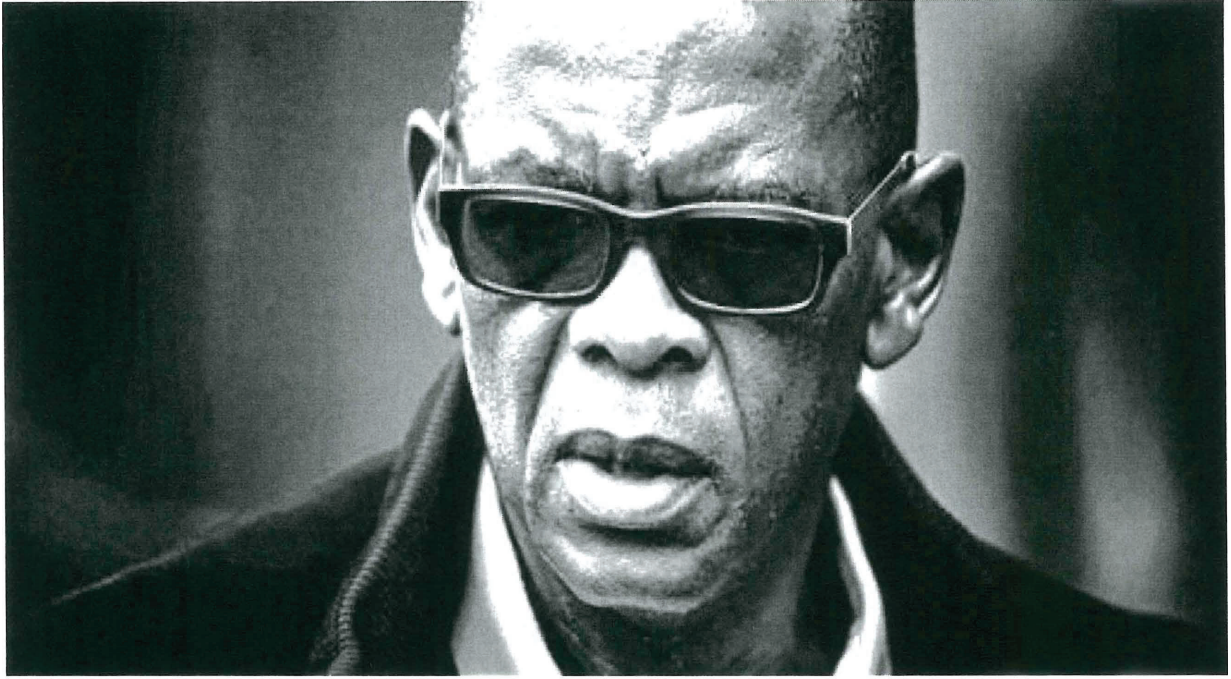


## **The Hawks roundup bigger fish in the Estina scandal, edge closer to Ace Magashule** by Marianne Tham 19 August 2020

<https://www.dailymaverick.co.za/article/2020-08-19-hawks-round-up-bigger-fish-in-the-estina-scandal-edge-closer-to-ace-magashule/?fbclid=IwAR0-e3-aVE5rltG5y45pOPa49HHtkRqzHamMrs-6k0RLycSxKcB4umNSft4I>

The appearance in court on Tuesday, 18 August 2020 of five Free State government officials on charges of corruption, fraud and money laundering brought the investigation into the failed Gupta Estina Dairy project one step closer to former premier Ace Magashule.





The Estina private and public project were *sold* to the Free State residents as one which uplift 100 would black emerging farmers as a part of an *empowerment* scheme. Instead, the money was siphoned off to various Gupta-linked individuals and government officials.



## The Cost of Corruption

### **Gravy Train: R500m failed from Prasa locomotives deal ‘fraudulently’ funnelled to trust to private accounts and properties** By Pieter-Louis Myburgh 3 March 2020

Almost 500 million rands from a failed contract for much-needed new locomotives disappeared into a web of private bank accounts, trusts and companies controlled by or linked to major role-players in one of South Africa’s largest tender scandals to date.

Some of this money was used to buy a stake in a wine and olive farm in the Western Cape, and to help cover the building costs for a palatial residence in one of Gauteng’s most exclusive lifestyle estates. The effects of State Capture overwhelmingly affected poor, and working-class people, who are reliant on the services of



the state. Nowhere in our society is this displayed more clearly and brutally than in our commuter rail service.

Weekly very week deaths occur on trains operated by Prasa. These are mainly because of overcrowding, failing infrastructure and violent crime. Routinely, women and girls harassed and sexually assaulted, with no protection or recourse for action. The systemic delays and cancellations inflict untold misery on commuters. Workers lose income and face threats of dismissal, while it cripples small businesses by absenteeism and late-coming. Learners lose time at school and home using an unsafe service.

The organisational dysfunction at Prasa, because of pervasive *State Capture*, has and continues to cost lives, increases the suffering of commuters and their families, and simultaneously causes significant harm to the economy.

An estimated 24 billion rands got lost through State Capture to the corruption allocated to improving new rolling stock, infrastructure, upgrading, and maintenance. It was through these funds commuters were meant to have a safe, reliable and efficient railway transport system; instead, pilfered by corruption, they were involved in organised crime and corrupt networks.

Prasa dished out 2.5 billion rands worth of irregular or illegal contracts between 2012 and 2015, according to a *Treasury* report leaked by the *NGO Unite Behind*.

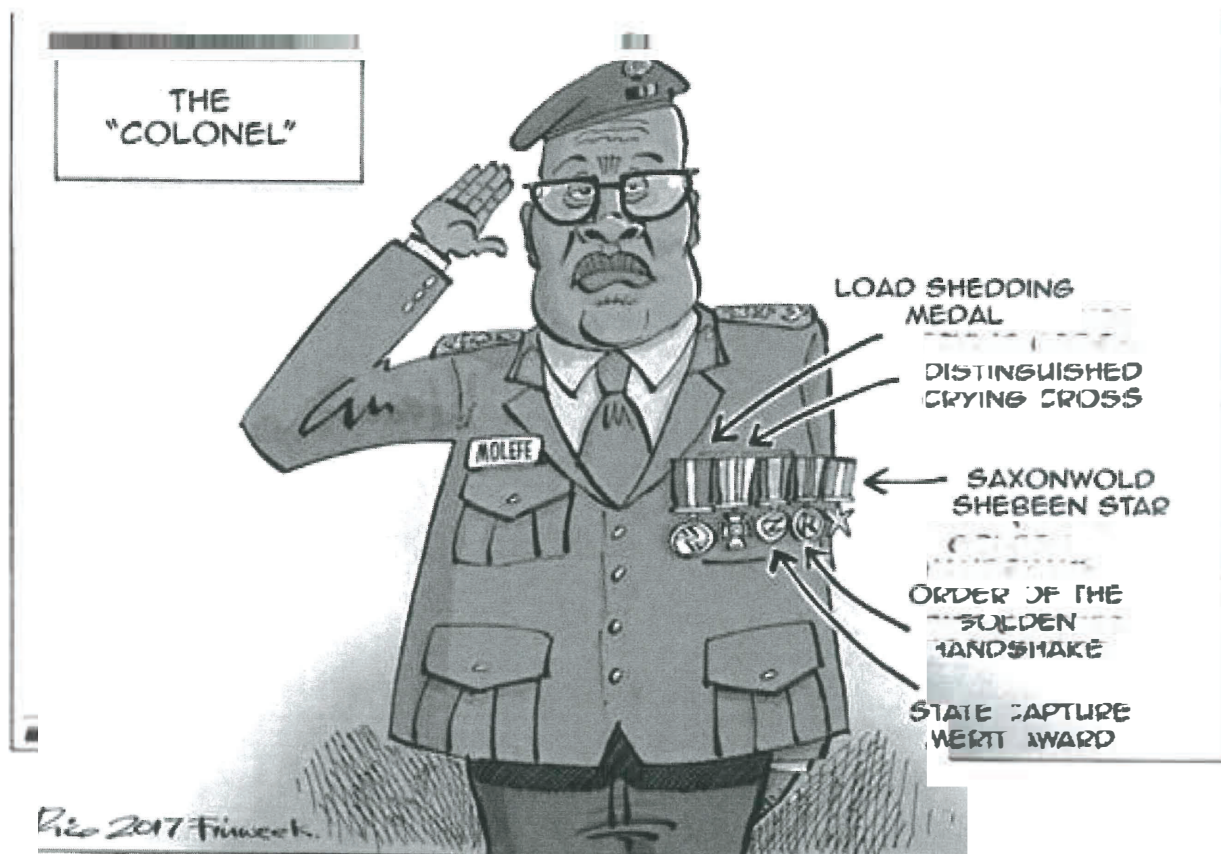
It states they contracted 13 forensic and legal firms in 2016 to analyse contracts worth 15 billion rands cited in the *Public Protector's* report on derailed. According to a *Beeld* report, *Unite Behind* said it directly implicates Deputy Finance Minister Sifiso Buthelezi in state capture at *Prasa* and Metrorail as he was chairperson of *Prasa's* board during the period. Buthelezi has repeatedly denied any involvement in corrupt activities at *Prasa*.

*The Treasury* report said information and supporting documents were missing or not available to investigators.

*Unite Behind* said the *NPA* has failed to act in the last few years despite evidence of systemic corruption and state capture.

Former *Prasa* board chairperson Popo Molefe opened about 40 corruption dockets at the *Hawks* in 2015. One contract cited in the Treasury's report is 22.6 million rands paid to SN Project Management – being run from a house in Klerksdorp, North West – for vegetation control in KZN.

*Enza Construction* got three *Prasa* contracts worths more than 310 million rands without any tender procedure after *Prasa* procurement head Josephat Phungula recommended them to the *Prasa* CEO Lucky Montana.







Need information? [www.irs.gov](http://www.irs.gov)



## 4.5 The PPE scandal the Treasury hasn't touched.

Sabelo Skiti, Thanduxolo Jika, Sarah Smit 6 August 2020

Despite Finance Minister, Tito Mboweni's very public promises to fight the scourge of the looting of public funds and the procurement of corruption during the COVID-19 pandemic, his department refuses to reveal details of politically connected companies who milked the system.

In Parliament, Mboweni said it is clear, sometimes, accounting officers flouted the Treasury's emergency procurement instructions by disregarding the maximum pricing for personal protective equipment (PPE) and increased prices by as much as 800%.

On Wednesday, the presidency announced the cabinet's decision to appoint a committee of ministers, together with Mboweni, to deal with allegations of corruption associated with the country's response to the coronavirus pandemic.

Late on Thursday, the cabinet released a statement to say all government departments are expected to submit all procurement contracts awarded during this period to this ministerial team to be published and made accessible to the public.

At least one civic organisation, the *Right2Know Campaign*, has labelled this as lip service – nothing new. They described the Cabinet as an enabler of corruption

which permeates all levels of government.

“This, unfortunately, has been the experience of all civic society over the years. We are dealing with a reluctant government to divulge information related to potential corruption and misuse of public finances,” said Dale McKinley, the coordinator of the campaign in Gauteng.

“The only reason you are seeing this increased outrage now is because we are in a public-health crisis.”

McKinley added although the government had very good laws on public procurement, it was implemented poorly. “We, either as media or civic society, cannot track it,” he said, “Their rationale for hiding information is confidentiality however the public has a constitutional right to know.”

Since April 2020, the *Mail & Guardian* battled all the way up to the *Treasury’s* highest office, including the director-general Dondo Mogajane, in a bid to get details for payments made to politically exposed companies that made the news for benefiting from public procurement linked to COVID-19.

The latest inquiry this week related to companies owned by self-styled amaBhaca king Thandisizwe Diko, the husband of President Cyril Ramaphosa’s spokesperson, Khusela Diko. On Tuesday the Treasury also rejected the *Mail & Guardian* Promotion of Access to Information Act (Paia) application relating to Mioca

BnB. This is a business operated by the daughter of Eastern Cape roads and transport MEC Weziwe Tikana.

At the beginning of the pandemic, the company was thrust into the public spotlight when allegedly residents from the Chris Hani district municipality were taken there for accommodation without any procurement process and without an inspection of the property.

Both these applications were rejected, and the *Mail & Guardian* was referred to provincial departments that made the procurement, which responded with the same confidentiality excuse used by the national Treasury. Efforts to clarify this with chief procurement officer, Estelle Setan drew blanks.

This week, The Treasury revealed national and provincial departments spent up to 10 billion rands on PPE, as Mboweni and Mogajane sought to convince Parliament's portfolio committee they were going to tighten COVID-19 procurement controls to avoid further graft.

Chair of the standing finance committee, Yunus Carrim, asked for some sign of action taken by the Treasury against accounting officers who have defied the process.

“We all want more action from The National Treasury. We are not asking for any names, still are there any actions already underway to use the PFMA (Public Finance Management Act) and the MFMA

(Municipal Finance Management Act)?” Mogajane said, “The Treasury has not yet received direct reports of accounting officers *who have been taken to task*. This definitely will come and if there are any deviations from price lists, we expect accounting officers to take responsibility. All we hear now is anecdotes.”

Mogajane referred to the Gauteng COVID-19 tender scandal and said, “We must hold, head of Gauteng, The provincial Treasury, accountable. We will ask questions, and they must answer.”

Mogajane told the *Mail & Guardian* they had allocated each province a budget for COVID-19 procurement and it was up to the provinces to make the information available.

In response to the *Mail & Guardian* questions, The National Treasury said, “The *Protection of Personal Information Act*, and the central supplier database, prohibited it from making information related to state procurement public.” It is also said the public had denied no right to access information.

“The National Treasury is working with other organs of state in dealing with reported COVID-19 corruption-related matters. This is work coordinated with other institutions, and when the processes are completed, I will make them available to the public.”

**“PPE corruption is actually murder,” said a world health body.**





# Arrested for defrauding UIF of R5.7 million

*suspects spent the money on a lavish spree*



THE five suspects appeared in the Pretoria Specialised Commercial Crime Court yesterday  
GONTSEMANG TLHABYE

THE five suspects accused of defrauding the Unemployment Insurance Fund (UIF) of R5.7 million allegedly went on a shopping spree – buying top-of-the-range cars, building materials and even tombstones.

The suspects were granted bail after they appeared in the Pretoria Specialised Commercial Crime Court.

accounts used by the family.

Some of these items include a Range Rover Evoque purchased for R310 000, a Volkswagen GTI worth R154 900, two more Volkswagen Polo and a Nissan minibus taxi to the tune of R571 000.

The shopping spree didn't end

## 4.6 WHISTLEBLOWERS ARE VICTIMISED FOR EXPOSING CORRUPTION IN THE PUBLIC SECTOR.

<https://www.facebook.com/researchreportersa/posts/148038680318601>

A recent study by Mr Jerry Mojapelo from the University of Johannesburg and Dr Ephraim Monde Faku from the Tshwane University of Technology investigated the reasons why whistleblowers are reluctant to expose wrongdoing in their workplace.

The study adopted a qualitative research technique. They collected data from fourteen employees.

The study found a widespread of unethical conduct, racketeering, money laundering, corruption, and other illegal activities which impacted the public services sector and the public negative.

The study revealed corrupt conduct by individuals who severely dented the reputation of the public sector. The study noted immoral activities were affecting the needed *Foreign Direct Investment*, as most investors were becoming disinclined to invest in South Africa.

The study found although whistleblowers in the workplace play a prominent role in exposing irregularities; they are often victimised for exposing illicit activities.

The study further revealed people would rather keep quiet when those in an influential position abuse national

resources. They will not risk being killed because they do not give whistleblowers sufficient protection.

The study, therefore, suggested there is a need to protect whistleblowers through strong legislation.

## **Another shoddy multi-million rand shack project in Limpopo.**

Facebook Twitter Email Share Friday, 21 August 2020

### **POLOKWANE - A multi-million rand Limpopo shoddy housing scandal.**

The 50 structures, similar to the ones handed over to Talana residents in Tzaneen last month, are believed to have cost the Limpopo government at least 17 million rands. Residents in the area are allegedly refusing to occupy the units.



## Police in South Africa confiscating alcohol rather than pursuing real issues.



Citrusdal SAPS (2020-08-05) conducted further action against the individuals who are taking unfair advantage of our community by selling liquor to them at exorbitant prices.

Because of an operation conducted by the members of *Vispol Support* and the local DLO, a 35-year-old male was arrested for illegal trading of liquor. The accused is not a South African citizen. SAPS members confiscated 63 796 litres of liquor at the accused' private residence. The total black-market value of the liquor confiscated in R 46 450,00.





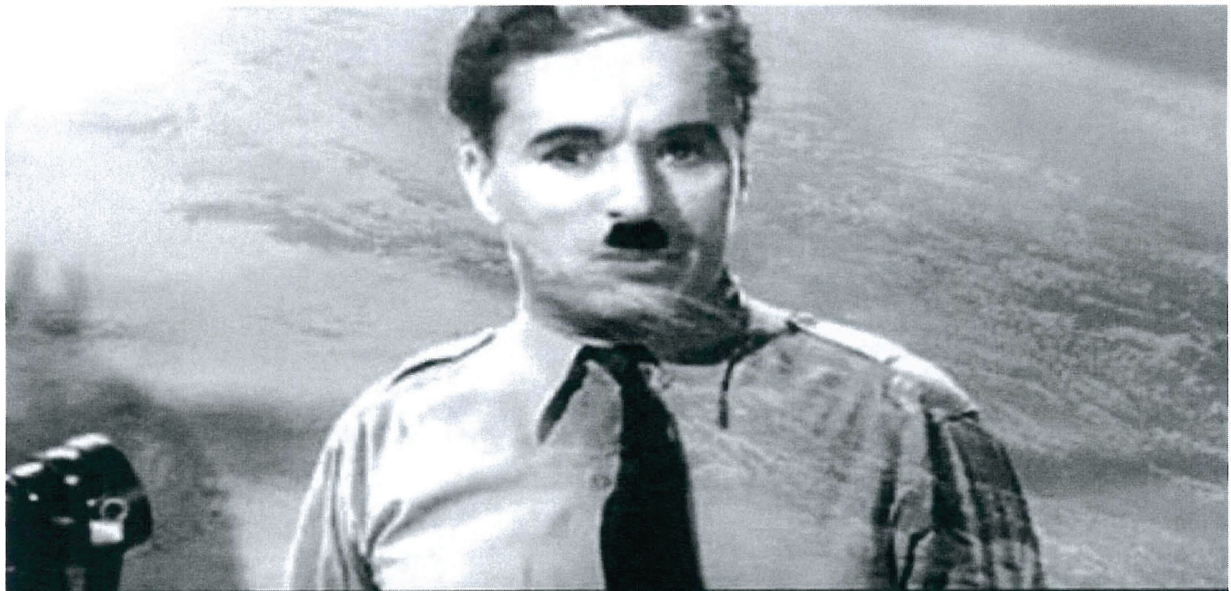
**Jaron Asaph Gordon**

10 likes

According to a presentation to the Gauteng Legislature's Health Committee, 1,000 beds with mattresses were bought for R13 million, with each bed costing R13,000.







# **A Message For All Of Humanity - Charlie Chaplin**

Charlie Chaplin's inspirational final speech in "The Great Dictator"

One of the most inspirational speeches in recorded history was gi...

[youtube.com](https://www.youtube.com/watch?v=K88p1Uv1U10)

# Rantings

Written by Facebook Friends 20 August 2020

I need to rant for just a moment. I am getting old, and worked hard all my life. I have made my reputation, the good and the bad. I didn't inherit my job or my income. I have worked hard to get where I am in my life. Too much might not be much, but what little I have, I worked for.

*I juggled my job, my family, and made many sacrifices upfront to secure a life for my family. It wasn't always easy and still isn't. However, I did it all while maintaining my integrity and my principles. I have put no one beneath me or denied help to anyone. I have friends from every walk of life. If you are in my circle, I do not have to remind you what I will do for you. However...*

*I am tired of being told I must lower my living standard to fight global warming, which no one may debate.*

I am tired of hearing wealthy athletes, entertainers and politicians of all parties talk like their opinions matter to the common man. I'm tired of them pretending to relate to the life I live and my bank account.

I am tired of people with a sense of entitlement, whether rich or poor.

I am exhausted of people who do not take responsibility for their lives and actions. Especially the ones



who want me to fund it. I am tired of hearing them blame the government, or discrimination, or *big-whatever* for their problems.

Yes, I am exceptionally exhausted. I'm also glad to be in the second half of my life. Because, mostly, I will not look at the world, these people are creating.

It entitles no one to anything. It is about choices. Everyone has a choice. You have a choice to work, a choice to stay off drugs, a choice to make something of yourself. I have nothing to do with your choice. That is all on you. It entitles you to what you earn.

*There is no way these thoughts will be widely publicized unless each of us sends it on! Surely, the politically correct police censors will try to quiet us.*



## VACCINES

Most vaccines are MRNA vaccines and they are poison.

Four regular vaccines are as follow:

- Pfizer - 2 shots
- Moderna
- Johnson & Johnson
- Newer more traditional vaccine Novavac and Sputnik V.

The vaccines cause Covid and main reason for so called Delta and Lamda variants.

## WHAT IS CURRENTLY HAPPENING IN SOUTH AFRICA AND THE WORLD

Currently there is more and more evidence that the vaccines are deadly. There is a good article that was published in Israel that only 1% of unvaccinated people are currently diagnosed with Covid 19 vs 40% of new cases that were previously vaccinated.

Take Sweden as example; no masks and no social distancing and nobody is dying anymore.

If we follow their example the so called pandemic would have been over.

I can quote many other examples.

Excellent article by Dr. Byram W. Bridle that shows that masks and social distancing does not help at all.

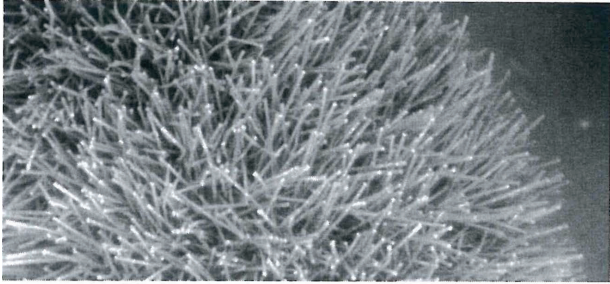
# What is in the PCR Tests?

## Graphene Oxide Found in COVID Shots, Masks, and Swabs

*Evolve to Ecology*

*Carlita Shaw is an Environmental Biologist & Health Freedom Writer/ Author*

*May 5, 2021*



***PCR test rod particles can act like asbestos in the body***

The experimental physicist and biomaterial researcher Dr Antonietta Gatti examined various PCR test rods under the microscope and analyzed their ingredients. Antonietta M. Gatti, Ph.D. is also the coordinator of the Italian Institute of Technology's Project of Nanoecotoxicology, called INESE.

The irritating result: the PCR test swabs are made of hard materials and contain a variety of (nano) particles made of silver, aluminium, titanium, glass fibres etc, many of which are undeclared in the package leaflet. When they enter the mucous membrane, they can cause wounds and inflammation, the scientist said. ENT doctors told 2020News that they are finding more hardened mucous membranes in people who are often tested for SARS-CoV-2. No longer intact mucous membranes can no longer fulfill their task of repelling viruses, bacteria and fungi before they reach the airways, as the pediatrician Eugen Janzen also reports. The germs thus penetrate into the airways without any immune filter.

**PARTICULARLY PROBLEMATIC IN THIS CONTEXT: THE WARM BREATH MOISTURE UNDER THE MASKS IS THE IDEAL BREEDING GROUND FOR GERMS OF ALL KINDS.**

It doesn't take a brain surgeon to see the potential problem here so poignantly pointed out by free-lance investigative journalist Jon Rappoport:

- Step one: breathe in nanoparticles of graphene
- Step two: develop a so-called major COVID symptom—lung infection
- Step three: test false-positive on the PCR test
- And boom, you're a COVID case.



# Post Covid Jab

## SUPPLEMENT GUIDE



### PINE NEEDLE TEA

SURAMIN - ACTIVE EXTRACT

#### ABOUT

Sipping pine needle tea could give your immune system a much-needed boost. Back in the day, sailors used to drink pine needle tea to protect from scurvy. Pine needles are bursting with vitamin C, with 4 to 5 times more per serving than a glass of orange juice!

#### BENEFITS

Suramin is used to treat African sleeping sickness and river blindness. Also used for autism and is noted to help the body through post-medical procedures, both complex surgeries and simple ones. Suramin is believed to be particularly helpful for blood clots. Historically, Native Americans used pine needle tea as an expectorant and decongestant – to expel mucus and phlegm, thus eliminating bacteria and other pathogens in the lungs. Traditionally, pine needles have been used as a way to soothe arthritic joints by relieving pain.

#### PROPERTIES

- AntiOxidant
- AntiViral
- AntiParasitic
- AntiCoagulant
- Mood Stabiliser
- Weight Management
- AntiInflammatory
- Analgesic
- Clears Sinuses
- Expectorant



### ZEOLITE

CLINOPTILOLITE - COMMONEST TYPE

#### ABOUT

Zeolite is a complex mineral which forms in the contact of volcanic lava and water. Zeolite is a 100% natural volcanic mineral compound that contains more than 60 trace minerals

and 12 amino acids.

#### BENEFITS

Tiny cages enable zeolite to act as a "molecular sieve," filtering molecules based on their particle size. Negative surface charge loosely binds minerals – such as sodium, potassium, and calcium – and replaces them with large ions and heavy metals. In other words, zeolite can pick up plenty of "bad stuff" like viruses, environmental toxins, pesticides, free radicals, heavy metals (cadmium, mercury, lead and arsenic) and replace it with "good stuff". The body doesn't absorb Zeolite, so it passes through and out of your system in 5 to 7 hours - it takes the trash along with it. Studies also suggest that zeolite helps treat HSV, Hepatitis C, colds and flu. It removes free radicals, helps maintain an alkaline pH between 7.35 and 7.45, which promotes healthy brain and immune function. Zeolite improves skin quality and fights the visible signs of ageing.

#### PROPERTIES

- AntiOxidant
- AntiCoagulant
- AntiFungal
- ProBiotic
- Heavy metal detox
- Mood Stabiliser
- Hangover reduction
- Anti depressant
- AntiInflammatory
- Skin Health
- Oral Hygiene
- Liver Detox



### TURMERIC

CURCUMIN - ACTIVE EXTRACT

#### ABOUT

There are over 10 000 peer reviewed published articles that prove the benefits of turmeric - especially curcumin. Turmeric is arguably the most powerful herb on the planet at fighting and possible reversing disease.

#### BENEFITS

Ayurveda and Traditional Chinese Medicine Practitioners have been prescribing turmeric and its extracts as part of holistic protocols for thousands of years. Studies show the use of turmeric greatly reduces instances of platelet aggregation and potentially reduces the risk of blood clots. Arguably, the most powerful aspect of curcumin is its ability to control inflammation as it contains several anti-inflammatory compounds. It has been used successfully for the treatment of arthritis, diabetes, scabies, acne scarring, IBS, high cholesterol, obesity, liver detox and is now being researched for pancreatic and prostate

#### PROPERTIES

- AntiCoagulant
- AntiInflammatory
- Analgesic
- AntiDepressant
- Skin Health
- AntiScarring
- AntiDiabetic
- AntiParasitic
- AntiBacterial
- AntiFungal
- Cardio protective
- Good gut health



### NIGELLA SATIVA

BLACK SEED/KALONJI

#### ABOUT

Nigella Sativa seeds have been used for over 2000 years for their aroma and flavor in cuisines as well as their reported health benefit properties. In fact, archaeologists found black seeds in King Tut's tomb and the Prophet Muhammad once touted black seed oil extract as a "cure for every disease except death."

#### BENEFITS

As more and more studies start to surface, it becomes quite apparent that this ancient seed from the Nigella sativa plant may have a profound impact on your health and wellbeing. Through the support of cognitive function, liver health, digestive health, and metabolic function; it is definitely making a case for quite a strong supplement for overall health. Research shows that antioxidants can have a powerful effect on health and disease. In fact, some studies indicate that antioxidants may protect against several types of chronic conditions, including cancer, diabetes, heart disease and obesity. Anecdotal research alone shows many users of Nigella Sativa reporting feelings of elevated mood, sleep support, less brain fog, feeling more present, healthy stress levels, and supporting cognitive performance.

#### PROPERTIES

- Immune Booster
- AntiOxidant
- AntiInflammatory
- AntiBacterial
- Lowers Cholesterol
- Stabilises Blood Sugar
- AntiHypertensive
- Cardio-Protective
- Analgesic
- Supports Gut Health
- Improves Memory
- AntiStress

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# Post Covid Jab

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## SUPPLEMENT GUIDE



### HYDROGEN PEROXIDE

USE FOOD GRADE H2O2

#### ABOUT

Known in medical terms as oxidative therapy or bio-oxidative therapy, hydrogen peroxide is a simple, well-studied, and useful molecule for a range of medical and sanitary applications. Hydrogen peroxide (H2O2) contains one more atom of oxygen than water (H2O) and is naturally produced in the human organism as a by-product of oxygen metabolism.

#### BENEFITS

Knowledge of the antiseptic effects of hydrogen peroxide (H2O2) dates back to the late 19th century, and its mechanisms of action has been amply described. Given its anti-infective and oxygenating properties, hydrogen peroxide may offer prophylactic and therapeutic applications for responding to the COVID-19 pandemic. H2O2 has been used in treating numerous diseases including scarlet fever, diphtheria, runny nose, coryza, whooping cough, asthma, hay fever, and tonsillitis. Specifically for viral diseases that attack the respiratory system, the first reported medical success using hydrogen peroxide therapy dates back exactly 100 years, when The Lancet showed how intravenous h2o2 was successfully used to treat a group of patients with influenza during the 1918-1919 Spanish Flu pandemic in the Mesopotamian valley. The mortality was reduced by half,

#### PROPERTIES

- AntiViral
- AntiBacterial
- Clears Sinuses
- Topical Acne Rx
- Topical Ulcer Rx
- Detox Bath Rx
- Sanitizer
- Stain Remover especially blood



### CHLORINE DIOXIDE

CLO2

#### ABOUT

Chlorine dioxide is a gas and must be produced at the time of use. The most common and simple method for producing chlorine dioxide gas is a process of mixing sodium chlorite (NaClO2) and an acid activator. When these two substances are mixed, chlorine dioxide gas forms. The gas is a very simple and tiny molecule and contains one chlorine atom (Cl) and two Oxygen atoms (O2)

#### BENEFITS

#### PROPERTIES

CLO2 is extremely soluble in water and does not create chemical bonds. It can be used to safely and effectively purify water while completely deactivating viruses, bacteria, fungi, and some parasites. It even neutralizes many toxins, pesticides, herbicides, and pharmaceuticals that contaminate drinking water. Alcide, a patented CLO2 is used for treating wound disinfection, donated human blood and blood component disinfection, an oral rinse for prevention and treatment of infection, formulations for anti-inflammatory diseases including psoriasis, fungal infections, eczema, dandruff, acne, genital herpes, and leg ulcers. Other products included topical applications for preventing and treating bacterial infections. Also under development were systemic anti-inflammatory formulations and methods for reducing inflammation in tissues such as the bowel, muscle, bone, tendon and joints.

- AntiViral
- AntiBacterial
- AntiParasitic
- AntiFungal
- Anti-Dandruff
- AntiInflammatory
- Treats Candida
- Sanitizer
- Food Disinfectant



### QUERCETIN NATURAL & SUPPLEMENT

#### ABOUT

Quercetin is a natural pigment present in many fruit, vegetables and grains. It's one of the most abundant antioxidants in the diet and plays an important role in helping your body combat free radical damage, which is linked to chronic diseases.

#### BENEFITS

#### PROPERTIES

The beneficial effects of flavonoids like quercetin come from their ability to function as antioxidants inside your body). Antioxidants are compounds that can bind to and neutralize free radicals. Free radicals are unstable molecules that may cause cellular damage when their levels become too high. Damage caused by free radicals has been linked to numerous chronic conditions, including cancer, heart disease, and diabetes. Quercetin is the most abundant flavonoid in the diet. It's estimated that the average person consumes 10–100 mg of it daily through various food sources. Foods that commonly contain quercetin include onions, apples, grapes, berries, broccoli, citrus fruits, cherries, green tea, coffee, red wine, and capers. It's also available as a dietary supplement in powder and capsule form.

- AntiOxidant
- AntiAllergy
- AntiInflammatory
- AntiHypertensive
- Used for rhinitis
- Immune Booster
- Cardio-Protective
- Neuro-Protective
- Anti-Ageing
- Enhances exercise performance



### ARTEMESIA ARTEMESIA ANNUA

#### ABOUT

Artemisia is a large plant family with numerous varieties, all of which have exceptional healing properties. We are going to focus on artemisia annua, also known as Sweet Annie or Sweet Wormwood. This is not to be confused with artemisia absinthia, also known as "Wormwood."

#### BENEFITS

#### PROPERTIES

High in antioxidants, artemisia annua is a potent immune system fortifier and has a long record of reducing fevers and other ailments. It has been proven around the world to be an effective treatment for malaria and the first SARS corona virus. Artemisia annua so effectively reduces inflammation, that it can keep our bodies from producing an over abundance of defensive cytokines, avoiding potentially life-threatening "cytokine storms." In Traditional Chinese Medicine, artemisia is known as Qing Hao and has been used specifically to treat fevers. Africa, too, has millennia of history using artemisia annua as a powerful anti-malarial folk remedy. It is also used to treat the deadly African Sleeping Sickness,

- AntiBacterial
- AntiHelmentic
- AntiRheumatic
- AntiMalarial
- AntiSpasmodic
- AntiPyretic
- Alleviates menstrual disorders
- Hepatitis Rx
- Cancer Fighting
- Cardio-Protective
- Diuretic

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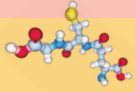




# Post Covid Jab

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## SUPPLEMENT GUIDE



### GLUTATHIONE ABOUT

Glutathione is an antioxidant produced in cells. It's comprised largely of three amino acids: glutamine, glycine, and cysteine. Glutathione has superb antioxidant potential. It scavenges free radicals throughout the body and recharges other antioxidants, thus preventing chronic diseases.

#### BENEFITS

Glutathione, often referred to as "the mother of all antioxidants," is one of the most talked-about supplements in the healthcare industry.

It has a range of benefits that include enhancing heart, liver, and brain health.

Glutathione levels in the body may be reduced by a number of factors, including poor nutrition, environmental toxins, and stress. Its levels also decline with age.

Glutathione is equally important for the regeneration of other antioxidants your body needs, such as vitamin C and vitamin E. It increases your overall antioxidant defense, a task that can never be accomplished just with one substance. In addition to being produced naturally by the body, glutathione can be given intravenously, topically, or as an inhalant. It's also available as an oral supplement in capsule and liquid form.

#### PROPERTIES

- AntiOxidant
- Enhances Detox
- Mitochondrial Support
- Liver Support
- AntiInflammatory
- Used for psoriasis
- Used for Insulin Resistance
- Anti-Ageing
- Skin Brightening
- Brain & mental health support



### NAC N-ACETYL CYSTEINE

#### ABOUT

N-acetyl cysteine (NAC), as a nutritional supplement. NAC is a precursor of L-cysteine that results in glutathione elevation biosynthesis. It acts directly as a scavenger of free radicals, especially oxygen radicals. NAC is a powerful antioxidant.

#### BENEFITS

This drug is not found in natural sources, although cysteine is present in some meals like chicken and turkey meats, garlic, yogurt, and eggs. NAC is a well-tolerated mucolytic drug that mellows tenacious mucous discharges. It is also recommended as a potential treatment option for different disorders resulted from generation of free oxygen radicals. A review on NAC literature shows that this agent is a safe and well-tolerated supplementary drug without any considerable side effects. It is an antioxidant with a free radical scavenger property. It has been used as a beneficial drug treatment for some disorders such as polycystic ovary syndrome, acetaminophen toxicity, RPL, chronic bronchitis, ulcerative colitis, liver cancer, muscle performance, hemodialysis, asthma, Alzheimer's and Parkinson's.

#### PROPERTIES

- Replenishes Glutathione
- AntiOxidant
- Enhances Detox
- Liver Support
- AntiInflammatory
- Used for Insulin Resistance
- Brain & mental health support
- Used for Infertility
- AntiCoagulant



### MSM METHYLSULFONYLMETHANE

#### ABOUT

Methylsulfonylmethane (MSM) is also called dimethyl sulfone, DMSO<sub>2</sub>, methyl sulfone, and many other names. It is an oxidation product of dimethyl sulfoxide (DMSO) and a source of sulfur for producing the amino acids methionine and cysteine. MSM is a water soluble white, odorless, crystalline compound that contains 34% elemental sulfur.

#### BENEFITS

MSM can be found in foods like milk, coffee, tomatoes and chard. Supplemental form can be taken by mouth or applied to the skin. One of the most popular uses of MSM is to decrease joint or muscle pain.

It has been shown to benefit those with joint degeneration, a common cause of pain in the knees, back, hands and hips.

Research shows that it may also be helpful in lowering inflammation, improving skin health by acting as a sulfur donor, decreasing allergy symptoms and speeding recovery after exercise. Additionally, some evidence suggests that MSM may have cancer-fighting properties. It can enhance the effectiveness of other common supplements used to treat arthritis such as glucosamine sulfate, chondroitin sulfate and boswellic acid. MSM increases glutathione levels as well.

#### PROPERTIES

- AntiInflammatory
- AntiOxidant
- Improves Skin Health
- Muscle Recovery
- Reduces joint pain & stiffness
- Used for Insulin Resistance
- Helps allergy symptoms
- Immune Booster
- Cancer Fighting



### CBD CANNABIDIOL

#### ABOUT

Cannabidiol oil is made by extracting CBD from the cannabis plant, then diluting it with a carrier oil like coconut or hemp seed oil. Better known as cbd, it is a popular natural remedy used for many common ailments. Tetrahydrocannabinol (THC) is the main psychoactive cannabinoid found in cannabis, and causes the sensation of getting "high" that's often associated with marijuana. However, unlike THC, CBD is not psychoactive.

#### BENEFITS

CBD is gaining momentum in the health and wellness world. The human body contains a specialized system called the endocannabinoid system (ECS), which is involved in regulating a variety of functions including sleep, appetite, pain and immune system response. The body produces endocannabinoids, which are neurotransmitters that bind to cannabinoid receptors in your nervous system. Studies have shown that CBD may help reduce chronic pain by impacting endocannabinoid receptor activity, reducing inflammation and interacting with neurotransmitters. CBD may also help reduce chemotherapy-induced nausea and vomiting and has been shown to ease symptoms related to epilepsy and Parkinson's disease; reduce the progression of Alzheimer's disease and help lower blood pressure. Cannabidiol Inhibits SARS-CoV-2 replication and promotes the host innate immune response.

#### PROPERTIES

- Analgesic
- AntiInflammatory
- Anxiolytic
- AntiDepressant
- Treats Acne
- Neuroprotective
- AntiHypertensive
- AntiPsychotic
- Substance Abuse treatment

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## SUPPLEMENT GUIDE



### IVERMECTIN

#### ABOUT

Ivermectin is a semisynthetic, anthelmintic agent for oral administration. Ivermectin is derived from the avermectins, a class of highly active broad-spectrum, anti-parasitic agents isolated from the fermentation products of *Streptomyces avermitilis*.

#### BENEFITS

There are few drugs that can seriously lay claim to the title of 'Wonder drug'. Penicillin and aspirin being two that have perhaps had greatest beneficial impact on the health and wellbeing of mankind. Ivermectin can also be considered alongside those worthy contenders, based on its versatility, safety and the beneficial impact that it has had, and continues to have, worldwide-especially on hundreds of millions of the world's poorest people. When it first appeared in the late-1970s, it was the world's first endectocide, forerunner of a completely new class of antiparasitic agents, potently active against a wide range of internal and external nematodes and arthropods.

It was quickly discovered to be ideal in combatting two of the world's most devastating and disfiguring diseases, Onchocerciasis and lymphatic filariasis. It has also been used to successfully overcome several other human diseases including covid-19

#### PROPERTIES

- AntiViral
- AntiParasitic
- AntiInflammatory
- Protease Inhibitor
- Spike Protein Binding



### NATTOKINASE

#### ABOUT

Nattokinase is an enzyme extracted and purified from a Japanese food called nattō. Nattō is produced by fermentation by adding the bacterium *Bacillus natto*, which also produces the enzyme, to boiled soybeans. Natto has been used as a folk remedy for diseases of the heart and blood vessels for hundreds of years.

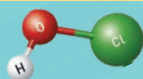
#### BENEFITS

Nattokinase is commonly used orally for cardiovascular diseases including heart disease, high blood pressure, high cholesterol, stroke, chest pain (angina), deep vein thrombosis (DVT), "hardening of the arteries" (atherosclerosis), hemorrhoids, varicose veins, poor circulation, and peripheral artery disease (PAD).

Nattokinase "thins the blood" and helps break up blood clots. This might protect against heart disease and conditions caused by blood clots such as stroke, heart attack, and others. It is also used for pain, fibromyalgia, chronic fatigue syndrome, endometriosis, uterine fibroids, muscle spasms, infertility, cancer, and a vitamin-deficiency disease called beriberi.

#### PROPERTIES

- AntiCoagulant
- Cardio-Protective
- Neuro-Protective
- AntiHypertensive
- Analgesic
- Used for PMS symptoms



### HOCL HYPOCHLOROUS ACID

#### ABOUT

HOCl is a weak acid that is formed when chlorine (a gas) dissolves in water. It is used as an active ingredient in sanitizers and disinfectants because of its ability to break apart cell membranes

#### BENEFITS

Hypochlorous acid (HOCL) is a powerful oxidant that has been used from the beginning of the 20th century as a healing agent and disinfectant. It can be used effectively against a variety of bacteria, fungi, viruses, and pathogens.

Despite its efficacy at killing viral and bacterial pathogens, hypochlorous acid is 100% secure for use by people. It can be used safely around children and animals and does not harm the environment. You do not need to worry about accidental ingestion or contact with your eyes: even in these situations, HOCL is completely harmless. Disinfectants are EPA registered to kill illness-causing bacteria, viruses, and sometimes fungi, while sanitizers are only EPA registered to kill illness-causing bacteria. HOCL, is a very good oxidant with powerful antioxidant properties, far superior to chemical bleach.

#### PROPERTIES

- AntiOxidant
- AntiMicrobial
- Helps allergy symptoms
- Immune Booster
- Surface Sanitizer
- Disinfectant



### HCQ HYDROXYCHLOROQUINE

#### ABOUT

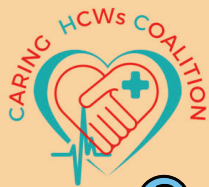
Hydroxychloroquine belongs to the family of medicines called "antimalarials" (AMs), which are also classified as disease-modifying anti-rheumatic drugs, or DMARDs. acid that is formed when chlorine (a gas) dissolves in water. It is used as an active ingredient in sanitizers and disinfectants because of its ability to break apart cell membranes

#### BENEFITS

HCQ is also used to treat symptoms of rheumatoid arthritis and discoid or systemic lupus erythematosus. Chloroquine and hydroxychloroquine are weak diprotic bases that can diffuse across the cell membrane and raise the pH within cell vesicles. HCQ has endothelial stabilizing and anti-thrombotic effects. Its use has been explored as an adjunctive therapy in refractory thrombosis in antiphospholipid syndrome. It may also prevent recurrent pregnancy losses in the absence of antiphospholipid antibodies. HCQ favourably modulates atherogenic lipid and glycaemic profiles.

#### PROPERTIES

- AntiInflammatory
- Immuno-modulatory



# Post Covid Jab

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## SUPPLEMENT GUIDE



### VIT C ASCORBIC ACID ABOUT

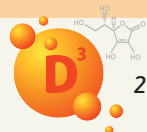
Vitamin C is an essential vitamin, meaning your body can't produce it. Yet, it has many roles and has been linked to impressive health benefits. It's water-soluble and found in many fruits and vegetables, including oranges, strawberries, kiwi fruit, bell peppers, broccoli, kale, and spinach.

#### BENEFITS

Studies show that consuming more vit C can increase your blood antioxidant levels by up to 30%. This helps the body's natural defenses fight inflammation. Vit C supplements have been found to lower blood pressure in both healthy adults and those with high blood pressure and have been linked to a reduced risk of heart disease. These supplements may lower heart disease risk factors, including high blood levels of LDL (bad) cholesterol and triglycerides. Vit C-rich foods and supplements have been linked to reduced blood uric acid levels and lower risk of gout. Vit C supplements can help improve the absorption of iron. As a result, vitamin C may help reduce the risk of anaemia. Vitamin C may boost immunity by helping white blood cells function more effectively, strengthening your skin's defense system, and helping wounds heal faster.

#### PROPERTIES

- Immune Booster
- AntiInflammatory
- AntiOxidant
- AntiHypertensive
- Cardio-Protective
- Improves Skin Health
- Improves Wound Healing
- Cancer Fighting
- Improves Memory



### VIT D 25-HYDROXYVITAMIN D ABOUT

Vitamin D is a fat-soluble vitamin that is present only in small amounts in certain foods, and it's made in our bodies only when our skin is exposed to the sun. It's considered an "essential" nutrient because the human body cannot make it on its own, without the assistance of food and sunlight. Vit D3 is better absorbed than Vit D2

#### BENEFITS

Research indicates that this so-called "sunshine vitamin" impacts not only your bones and skeletal structure, but also immune function, blood pressure, mood, brain function and your body's overall ability to protect against a range of illnesses. Higher D levels among older adults were associated with reduced rates of deadly infections, while low serum concentrations of vitamin D were linked to higher susceptibility. Because it can help control inflammation, it may also benefit those with chronic diseases and autoimmune disorders, including: multiple sclerosis, rheumatoid arthritis, irritable bowel syndrome other digestive disorders, and high blood pressure. Vitamin D deficiency has been linked to an increased risk for mood disorders, including depression, seasonal affective disorder, severe mood problems experienced during PMS, insomnia and anxiety.

#### PROPERTIES

- Immune Booster
- Essential for good bone health
- AntiInflammatory
- AntiHypertensive
- Cardio-Protective
- Improves Skin Health
- Balances sugar levels
- Hormone Regulation
- Mood Stabiliser
- Improves Memory



### MAGNESIUM ABOUT

Magnesium is a mineral that supports hundreds of chemical reactions in your body. However, many people get less than they need. Magnesium is the fourth most abundant mineral in the human body. It plays several important roles in the health of your body and brain. Infact, every cell in your body contains it and needs it to function.

#### BENEFITS

One of magnesium's main roles is acting as a co-factor or helper molecule in the biochemical reactions continuously performed by enzymes.

Magnesium also plays a role in exercise performance. It helps move blood sugar into your muscles and dispose of lactate, which can build up during exercise and cause fatigue.

Supplementing with Mg can boost exercise performance for athletes, the elderly and people with chronic disease. Magnesium plays a critical role in brain function and mood, and low levels are linked to an increased risk of depression. People who get the most magnesium have a lower risk of type 2 diabetes. Moreover, supplements have been shown to lower blood sugar in some people. Mg is a natural diuretic and can lower blood pressure especially in people with existing high blood pressure. Interestingly, magnesium has been shown to improve mood, reduce water retention and other symptoms in women with PMS

#### PROPERTIES

- Improves exercise performance
- Important for cell membrane integrity
- AntiDepressant
- Immune Booster
- AntiInflammatory
- AntiHypertensive
- Migraine Treatment
- Improves PMS
- Blood sugar regulator



### ZINC ABOUT

Zinc is a trace mineral, which means you only need a very small amount of it every day. You can get this essential nutrient by eating a balanced diet, but sometimes you may need to take a zinc supplement.

#### BENEFITS

Your body needs zinc to function properly. Your body uses zinc to do the following: heal wounds, support the function of your immune system, develop your reproductive system, develop your sense of taste and smell, produce and store insulin, help your thyroid and metabolism work properly, make proteins and DNA. Zinc has also been shown to improve the common cold, diarrhoea, age-related macular degeneration (AMD) As zinc deficiency results in altered numbers and dysfunction of all immune cells, subjects with suboptimal zinc state have an increased risk for infectious diseases, autoimmune disorders, and cancer. Zinc supplementation improves the mucociliary clearance, strengthens the integrity of the epithelium, decreases viral replication, preserves antiviral immunity, attenuates the risk of hyper-inflammation, supports anti-oxidative effects and thus reduces lung damage and minimized secondary infections.

#### PROPERTIES

- AntiViral
- AntiInflammatory
- AntiOxidant
- Important for cell membrane integrity
- AntiDepressant
- Immune Booster
- Wound Healing
- Lung Protective
- Neuro-Protective
- Immune Booster
- Blood sugar regulator



# Post Covid Jab

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## SUPPLEMENT GUIDE



### HYDROGEN PEROXIDE H2O2

#### ABOUT

Hydrogen peroxide comes in a variety of forms. Depending on the concentration of the mixture, the liquid is considered for household use, food grade, or electrical uses. In whatever form, though, hydrogen peroxide is nothing more than oxygen and water combined in a unique ratio to form a germicidal liquid.

#### BENEFITS

Hydrogen peroxide is one of the best household remedies available, second probably only to apple cider vinegar. Because it is made of just two natural elements, it safely and effectively treats health concerns. Much like ozone, H2O2 actually treats diseases and invasive organisms by oxidation. When hydrogen peroxide is applied or taken as a remedy, it reacts with organic material and the substance breaks down into its elemental form – separate water and oxygen. This added oxygen in the system creates an environment in which most diseases cannot thrive or even live. This process of oxidation serves a fundamental purpose in restoring wellness and relieving illness. As an alternative treatment option, H2O2 serves as a disinfectant that sanitizes through oxidation as well, making it the world's safest sanitizer. It also fights infection, eliminates toxins, cures bacteria and viruses, and neutralizes germs. With all of these properties, it can be utilized to treat a wide array of common illnesses. Some of the most common ways it is used is in treating sinus infections, cleansing wounds, eliminating parasites, reducing toothaches, detoxing the body, and treating cancer.

#### PROPERTIES

- Disinfectant
- Sanitizer
- AntiBacterial
- AntiViral
- AntiParasitic
- Improves Wound Healing
- Cancer Fighting
- General detox
- Treats toothaches



### MELATONIN ABOUT

Melatonin is an endogenous hormone rhythmically produced in the pineal gland under the control of the suprachiasmatic nucleus (SCN) and the light/dark cycle. It is also produced by several other tissues, amongst them the retina, thymus, spleen, ovaries, testicles, intestine and bone marrow

#### BENEFITS

Melatonin plays an important role in many physiological processes including circadian entrainment, blood pressure regulation, seasonal reproduction, ovarian physiology, immune function. Melatonin is often called the sleep hormone and for good reason. It's one of the most popular sleep aids and a common natural remedy to treat issues like insomnia. studies show that melatonin may improve eye health, reduce symptoms of seasonal depression and even provide relief from acid reflux. Some studies have found that supplementing with melatonin may increase levels of HGH in men. Melatonin is high in antioxidants and has been shown to treat eye conditions like age-related macular degeneration and retinopathy in human and animal studies. Melatonin can block stomach acid secretion and nitric oxide synthesis. Studies show that it may be effective at reducing heartburn and GERD symptoms when used alone or with medication. Used in treatment of covid-19 when paired with an anti-viral.

#### PROPERTIES

- Treats insomnia
- Improves sleep quality
- AntiOxidant
- Essential for good bone health
- AntiDepressant
- AntiHypertensive
- Reduces heartburn
- Improves eye health
- Hormone Regulation
- Mood Stabiliser



### SCELETIUM

#### ABOUT

Sceletium is one of the most usable and functional herbs for mental and emotional wellness that exists in the world today. It has wide and profoundly efficacious application in many areas, and is a unique botanical treasure.

#### BENEFITS

Sceletium tortuosum has been historically used as a mood enhancer and to help decrease stress, anxiety and tension. The effects of sceletium are primarily due to a group of alkaloids, notably mesembrine, mesembrenol and tortuosamine. These alkaloids interact with brain receptors, which enhance dopamine production, our primary inner pleasure hormone and balancing our serotonin levels. Dopamine and Serotonin are hormones which are critical to our mood and overall mental wellbeing. The net effect of using sceletium is a feeling of tremendous well being, heightened awareness, mental clarity and a sense of calm which is pronounced. But there is far more than just a feel-good effect and terrific mental stimulation to sceletium. this desert succulent appears to be a first-rate anti-depressant and anti-anxiety aid. It could potentially be used by people who would consider uplifting their mood and help reduce stressful situations that might occur. One significant difference between sceletium and prescription medication used to manage depression or anxiety is it is a natural dietary supplement available off the shelf. Most people tolerate this natural herb well, although there are some reports of mild headaches among users.

One of the big things that you need to know about this Kanna succulent once it is processed is that, whilst it's psychoactive, it is not hallucinogenic.

#### PROPERTIES

- AntiDepressant
- Anxiolytic
- Mood enhancer
- Emotional wellness
- Stress reduction
- OCD treatment
- Helps concentration
- Promotes deeper sleep
- Enhances endurance



### COLLOIDAL SILVER

#### ABOUT

Colloidal silver is a solution of water containing nanometre sized particles of suspended silver. The total silver content is expressed as milligrams of silver per litre of water, or mg/L, which is numerically the same as parts per million (ppm).

#### BENEFITS

Silver was used in medicine for centuries. In the past, it was claimed to be a cure-all for everything from tuberculosis and arthritis to herpes and cancer. By having a direct effect on cellular respiration, colloidal silver benefits the body in numerous ways. Colloidal silver can kill certain germs by binding to and destroying proteins. Silver is a non-toxic, naturally occurring element that's prized for its antimicrobial properties and has been used since ancient times to treat infections and heal wounds. Oral colloidal silver is most commonly used for boosting the immune system, providing a defense against common cold and flu. Topical colloidal silver is most commonly used for promoting faster healing of cuts, burns and blisters offering relief for insect bites and stings, rashes, razor burns, sunburns and other skin issues. It is likely that there are differences in the effectiveness of different silver products. The key difference between nano silver and colloidal silver is that the nano silver refers to nanoparticles of silver having a particle size between 1 and 100 nm whereas colloidal silver refers to silver particles having the particle size higher than 100 nm suspended in a liquid. This is one of the major benefits of nano silver, as a more consistent particle size means more consistent results.

#### PROPERTIES

- AntiViral
- Antibacterial
- Antimicrobial
- Wound healing
- Skin care
- Treats conjunctivitis
- Used for ear infections
- Anti-Inflammatory
- Used to treat colds, flu & pneumonia





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341. Curious Outlier's advice

# Cancer treatment (*translated from Dutch*)

This is the basic protocol that I would have done if I had cancer.

CURIOUS OUTLIER's Poor Man's Universal Cancer Protocol

- Chlorine Dioxide:

Starting procedure Protocol 1000+ (MMS1 and DMSO) or **Protocol C or K** (CDS or CDS and DMSO). *Protocol K, as in Dr Kalcker's book, includes DMSO and is therefore the equivalent of Protocol 1000+.*

When you've gone through the starting procedure, you do the protocol 4 days on and 3 days off. During the 3 days that you don't do the CDS protocol, you take the Ivermectin (and Fenbendazole).

- Ivermectin: 0,4 to 0,6 mg/kg - one dose per day for 3 days on the days that you take a break from the Protocol 1000+/Protocol C (*or Protocol K, which includes DMSO*)
- Sodium bicarbonate: (*Bicarbonate of Soda*)

1 teaspoon in approximately 500 ml water upon waking up in the morning.

- Buteyko breathing.
- Earthing:

Sleep between two earthed sheets in as little as possible clothing (*or walk bare foot on the lawn/soil for at least 30 minutes daily*).

- Essiac tea or Jason Winter's tea
- Fenbendazole:

1 gram Fenbendazole every day for 3 days on the days that you take a break from the CDS protocol. Nothing for the 4 days thereafter. Repeat weekly.

- Taurine: 200 mg/kg/day
- Alpha Lipoic Acid: 800 mg twice per day (or three times 600 mg)
- Hidroxicitrate: 500 mg three times per day
- Methylene Blue 0,5 mg/kg/day
- Magnesium oil:

You could easily apply approximately 30 ml magnesium oil per day to your whole body. The oil could be used several times during the course of the day everywhere that you experience pain or inflammation. Massage it in for a relaxing treatment.

- Optimize iodine and selenium in the body.
- Listen to your body and never give up.

<https://t.me/c/1496488601/384490>

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# Can Ivermectin Treat Cancer? 20 Peer-Reviewed Medical Journal Articles!



by Noah 1 day ago



2k



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SHARES



I've covered this topic before but it continues to fascinate me so I'm covering it again and going WAY deeper!

## Can Ivermectin treat, stop, reverse or even CURE cancer?

First, I have to give my standard disclaimer:

I'm  doctor.

I'm not even a scientist.

ADVERTISEMENT

Nothing in this article has been evaluated or approved by the FDA — but let's be honest, that probably just means you should pay EXTRA attention to it, right?

**\* These statements have not been evaluated by the Food and Drug Administration. These products are not intended to diagnose, treat, cure, or prevent any disease.**

Ok, we all good with the disclaimer?

good!

◀ w, why am I even investigating this?

cause the more I look into it, the more I find!



**When I first saw them come out so strong against Ivermectin, I knew it had to be pretty powerful and pretty good for humans in general!**

I've never seen such an aggressive pushback by BigPharma, so I figured it probably did more than just treat COVID19.

Then I started seeing reports that it could treat cancer.

And I'm not just talking about posts on Twitter or TikTok....I'm talking about peer-reviewed medical journals!

I'll post my original report farther below, but first I want to show you what I found on ChatGPT.

I installed a special plugin that connects the OpenAI to a database of 200 million scholarly and medical journals and then I asked it to give me all peer reviewed medical journals that suggest Ivermectin can be effective in treating cancer.

I think you'll find this fascinating — and for those of you who want the nitty gritty details, each article is linked so you can go read the full thing for yourself.

Here are some scholarly articles focusing on the use of Ivermectin in treating cancer, organized by their publication date (newest first):

1. [\*\*The Detrimental Effect of Pre-Treatment with Ivermectin on Myocardial Ischemia\*\*](#)
  - **Publication Date:** 2023-10-25
  - **Authors:** Sara Cheraghi, Shabnam Babataheri, H. Soraya
  - **Abstract:** This study explores the effects of Ivermectin (IVM) on cardiovascular diseases, particularly focusing on myocardial ischemia in both ex vivo and in vivo.
2. [\*\*Neuroprotective effects of ivermectin against transient cerebral ischemia-reperfusion in rats\*\*](#)
  - **Publication Date:** 2023-09-27
  - **Authors:** Behdad Seyyedabadi, Shabnam Babataheri, Ismail Laher, H. Soraya
  - **Abstract:** Not available.
3. [\*\*Ivermectin induces nonprotective autophagy by downregulating PAK1 and apoptosis in lung adenocarcinoma cells\*\*](#)
  - **Publication Date:** 2023-09-23
  - **Authors:** Man-Yuan Li, Jiao Zhang, Xiao Lu, Dong Zhou, Xufeng Deng, Quan-xing Liu, J. Dai, Hong Zheng
  - **Abstract:** Not available.
4. [\*\*Outcome of Ivermectin in Cancer Treatment: An Experience in Loja-Ecuador\*\*](#) (PDF)
 

◀
  - **Publication Date:** 2023-02-22
  - **Authors:** Yuliana Jiménez-Gaona, Oscar Vivanco-Galván, Gonzalo Morales-Larreategui, Andrea Cabrera-Bejarano, Vasudevan Lakshminarayanan
  - **Abstract:** This paper analyzes the use of ivermectin-based antiparasitic as a cancer treatment in the rural area of the Loja province, Ecuador, and the medical opinion regarding its use in humans.▶
5. [\*\*Drug repurposing of ivermectin abrogates neutrophil extracellular traps and prevents melanoma metastasis\*\*](#) (PDF)
  - **Publication Date:** 2022-09-05
  - **Authors:** Hongjun Zhang, Xiaozhuo Xu, Rui Xu, T. Ye
  - **Abstract:** This study identifies Ivermectin (IVM) as significantly inhibiting neutrophil extracellular traps (NETs) formation and preventing melanoma metastasis, with a focus on its effects on myeloid-derived suppressor cells (MDSCs) and CD8+T cells in a mouse melanoma model.
6. [\*\*Ivermectin: recent approaches in the design of novel veterinary and human medicines\*\*](#)
  - **Publication Date:** 2022-09-05
  - **Authors:** M. C. Velho, Diego Fontana de Andrade, R. Beck
  - **Abstract:** This review discusses strategies proposed in the last decade to improve the safety and efficacy of Ivermectin and to explore its novel therapeutic applications, including in cancer and viral infections.
7. [\*\*Ivermectin and gemcitabine combination treatment induces apoptosis of pancreatic cancer cells via mitochondrial dysfunction\*\*](#) (PDF)



- 
- **Authors:** D. Lee, H. Kang, So Yi Kim, Myeong Jin Kim, Jae Woong Jeong, Woosol Chris Hong, S. Fang, Hyung Sun Kim, Yun-Sun Lee, H. Kim, Joon Seong Park
- **Abstract:** This study evaluates the anticancer effects of the combination of ivermectin and gemcitabine in pancreatic cancer, indicating that ivermectin exerts synergistic effects with gemcitabine, preventing pancreatic cancer progression.

#### 8. [Forging Ahead the Repositioning of Multitargeted Drug Ivermectin](#)

- **Publication Date:** 2022-05-16
- **Authors:** S. Atmakuri, Shweta Nene, D. Khatri, S. B. Singh, V. Sinha, Saurabh Srivastava
- **Abstract:** This review highlights the role of Ivermectin in unexplored avenues towards the repositioning of this multitargeted drug in cancer, viral, and bacterial infection, and malaria, providing insights into regulatory considerations of drug repurposing and current formulation strategies.

#### 9. [Ivermectin and gemcitabine combination treatment enhances antitumor effect in pancreatic cancer through mitochondria dysfunction](#) (PDF)

- **Publication Date:** 2022-04-30
- **Authors:** Daeun Lee, H. Kang, So Yi Kim, Myeong Jin Kim, Y. Lee, Hyung Sun Kim, Jung Min Lee, H. Kim, Joon Seong Park
- **Abstract:** This study explores the combination of Ivermectin and gemcitabine in enhancing the antitumor effect in pancreatic cancer, focusing on mitochondria dysfunction.

#### 10. [Topical ivermectin: an off-label alternative to treat neonatal Scabies in the era of permethrin resistance](#)

- **Publication Date:** 2022-02-21
- **Authors:** A. Bassi, V. Piccolo, G. Argenziano, C. Mazzatenta
- **Abstract:** This article discusses the use of topical ivermectin as an off-label alternative for treating neonatal Scabies, focusing on the era of permethrin resistance.

#### 11. [Repurposing Ivermectin to augment chemotherapy's efficacy in osteosarcoma](#)

- **Publication Date:** 2022-01-01
- **Authors:** B. Hu, H. Tan, L. Yu, Q. Liao, W. Guo
- **Abstract:** This research investigates the potential of repurposing Ivermectin to enhance the efficacy of chemotherapy in osteosarcoma, focusing on its effects on proliferation, migration, and apoptosis in osteosarcoma cells.

#### 12. [Ivermectin induces apoptosis of esophageal squamous cell carcinoma via mitochondrial pathway](#) (PDF)

- **Publication Date:** 2021-12-01
- **Authors:** Nana Xu, Mengmeng Lu, Jiabin Wang, Yujia Li, Xiaotian Yang, Xiaoshuang Wei, Ji Si, Jingru Han, Xiaojuan Yao, Juanmei Zhang, Junqi Liu, Yanming Li, Hushan Yang, D. Bao
- **Abstract:** This study examines the induction of apoptosis in esophageal squamous cell carcinoma by Ivermectin, focusing on the mitochondrial pathway.

3. [Progress in Redirecting Antiparasitic Drugs for Cancer Treatment \(PDF\)](#)  
 ○ **Publication Date:** 2021-06-01  
 ○ **Authors:** Haoyang Huang, Qing He, Binghua Guo, Xudong Xu, Yinjuan Wu, Xue-Rong Li  
 ○ **Abstract:** This review discusses the redirection of conventional drugs, including Ivermectin, into cancer treatment, focusing on their anticancer potentials and underlying mechanisms.
14. [Computational Drug Repositioning and Experimental Validation of Ivermectin in Treatment of Gastric Cancer \(PDF\)](#)  
 ○ **Publication Date:** 2021-03-31  
 ○ **Authors:** Hanne-Line Rabben, G. Andersen, Aleksandr Ianevski, M. K. Olsen, D. Kainov, J. Grønbech, T. Wang, Duan Chen, Chun-Mei Zhao  
 ○ **Abstract:** This study focuses on the repositioning of Ivermectin in the treatment of gastric cancer, combining computational predictions with in silico, in vitro, and in vivo approaches.
15. [Ivermectin converts cold tumors hot and synergizes with immune checkpoint blockade for treatment of breast cancer \(PDF\)](#)  
 ○ **Publication Date:** 2021-03-02  
 ○ **Authors:** Dobrin D. Draganov, Z. Han, A. Rana, Nitasha R. Bennett, D. Irvine, Peter P. Lee  
 ○ **Abstract:** This research shows that Ivermectin induces immunogenic cancer cell death and enhances T cell infiltration into breast tumors, demonstrating synergy with immune checkpoint blockade.
16. [Antiviral Drug Ivermectin at Nanomolar Concentrations Inhibits Glycine-Induced Chloride Current in Rat Hippocampal Neurons \(PDF\)](#)  
 ○ **Publication Date:** 2021-03-01  
 ○ **Authors:** J. Bukanova, E. Solntseva, R. Kondratenko, V. Skrebitsky  
 ○ **Abstract:** This study examines the effect of Ivermectin on chloride currents in rat hippocampal neurons, contributing to the understanding of its potential use in cancer treatment.
17. [Quantitative proteomics reveals a broad-spectrum antiviral property of ivermectin, benefiting for COVID-19 treatment \(PDF\)](#)  
 ○ **Publication Date:** 2020-09-22  
 ○ **Authors:** Na Li, Lingfeng Zhao, X. Zhan  
 ○ **Abstract:** This study identifies ivermectin-related virus infection pathway alterations in human ovarian cancer cells, revealing its broad-spectrum antiviral property, including against COVID-19.
18. [Ivermectin converts cold tumors hot and synergizes with immune checkpoint blockade for treatment of breast cancer \(PDF\)](#)  
 ○ **Publication Date:** 2020-08-24  
 ○ **Authors:** Dobrin D. Draganov, Z. Han, A. Rana, Nitasha R. Bennett, D. Irvine, Peter P. Lee  
 ○ **Abstract:** This research demonstrates how Ivermectin induces immunogenic cancer cell death and enhances T cell infiltration into breast tumors, showing synergy with immune checkpoint blockade.

9.  


- - **Publication Date:** 2020-05-30
  - **Authors:** M. Juárez, Alejandro Schcolnik-Cabrera, G. Domínguez-Gómez, A. Chávez-Blanco, J. Díaz-Chávez, A. Dueñas-González
  - **Abstract:** This article supports the clinical development of Ivermectin as a repositioned cancer drug, highlighting its antitumor effects at clinically feasible concentrations.
- 20. **Progress in Understanding the Molecular Mechanisms Underlying the Antitumour Effects of Ivermectin** ([PDF](#))
  - **Publication Date:** 2020-01-01
  - **Authors:** Jian Liu, Kun Zhang, Lin Cheng, He Zhu, Tianmin Xu
  - **Abstract:** This review summarizes the antitumor effects of Ivermectin and its potential roles in cancer treatment, including its impact on various pathways and cellular functions.

I could have kept going but I cut it off after 20 results.

I also asked it to sort the results by date with newest first, and we ended with 1/1/2020, which means these 20 articles all came out within the last 3 years.

How many more do we have in the past decade or two?

ot.



w here's my original report which gives you a ton more information:



## Can Ivermectin Treat Cancer? New Evidence Might Surprise You!

Let's get something out of the way right up front in this article....

I'm not a doctor.

I'm not even a scientist.



Nothing in this article has been evaluated or approved by the FDA — but let's be honest, that probably just means you should pay EXTRA attention to it, right?

**\* These statements have not been evaluated by the Food and Drug Administration.  
These products are not intended to diagnose, treat, cure, or prevent any disease.**



, we all good with the disclaimer?



Great!

I'm a reporter and I report on what I see....

And right now I'm seeing a ton of people talking about Ivermectin as a possible treatment for cancer.

**Let me give a SECOND disclaimer: do NOT read this article and stop taking cancer treatments or stop doing what your doctor tells you to do.**

Listen to you doctor!

But....Ivermectin has been called a "Wonder Drug" (more on that in a minute) and NINE new scientific, peer-reviewed studies are showing it may be effective in treating or curing cancer....AND it's safer than Aspirin!

So if it were me, and I can only tell you what I would do, but if it were me or one of my family members, we'd listen to our doctor but I think I'd also be taking a high dose of Ivermectin on the side.



Read this for more on how incredibly **SAFE** Ivermectin is:

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## INVESTIGATION: Can You OVERDOSE On Ivermectin?

So...is Ivermectin DANGEROUS? Is it "horse paste" that could very well kill you? The Ivermectin Freak Out by our Government reminds me of the "War on Drugs" trying to convince you you'd surely die from marijuana — despite there never being a single confirmed case. Same goes for Ivermectin. They claimed it was "horse dewormer" ...

Continue reading

 WLT Report

Now let's dig in and I'll show you everything I'm seeing about Ivermectin and Cancer...

We start on Twitter but we will end with peer-reviewed, scientific studies.

Nine of them, to be exact.

Let's start here:

[#Ivermectin cures #Cancer pic.twitter.com/TK6bfKDAI4](#)

— STEW (@StewVet) [October 11, 2023](#)

Once again, I can only talk about what I would do, but I'm considering going on a high dose Ivermectin treatment once per year as preventative medicine:

Believe it or not, high-dose Ivermectin may very well cure  
cancer. <https://t.co/vADVERTISE WITH USer.com/OsTXkc90wX>

— HatRabbit (@HatRabbit17) [October 7, 2023](#)

And is this why Big Pharma hates it so much?

*Knew it.*

*I said this well over a year ago.*

*How many times did I tell people to search the NIH site for "ivermectin and cancer"  
& then read the many the peer reviewed papers? [#Ivermectin](#) kills tumors. And  
cancer. [@AprilHunter pic.twitter.com/bLYi6ADs1L](#)*

— RealAprilHunter (@realaprilhunter) [October 4, 2023](#)

Now let's get scientific....

You know, REAL science, not "Fauci-ism".

om [The Journal of Antibiotics](#), published 2/15/17:



[nature](#) > [the journal of antibiotics](#) > [review articles](#) > [article](#)
[Published: 15 February 2017](#)

Review Article

## Ivermectin: enigmatic multifaceted 'wonder' drug continues to surprise and exceed expectations

[Andy Crump](#)
[The Journal of Antibiotics](#) **70**, 495–505 (2017) | [Cite this article](#)
**544k** Accesses | **114** Citations | **8500** Altmetric | [Metrics](#)

### Abstract

Over the past decade, the global scientific community have begun to recognize the unmatched value of an extraordinary drug, ivermectin, that originates from a single microbe unearthed from soil in Japan. Work on ivermectin has seen its discoverer, Satoshi Ōmura, of Tokyo's prestigious Kitasato Institute, receive the 2014 Gairdner Global Health Award and the 2015 Nobel Prize in Physiology or Medicine, which he shared with a collaborating partner in the discovery and development of the drug, William Campbell of Merck & Co. Incorporated. Today, ivermectin is continuing to surprise and excite scientists, offering more and more promise to help improve global public health by treating a diverse range of diseases, with its unexpected potential as an antibacterial, antiviral and anti-cancer agent being particularly extraordinary.

Read the full article yourself [here](#).

"...unmatched value of an extraordinary drug..."

"...Antibacterial, antiviral and anti-cancer agent..."

Folks, that isn't my take or someone on Twitter or TikTok.

Tha... medical journal.

Let's do another one....

From [PubMed](#):



[Proc Jpn Acad Ser B Phys Biol Sci](#). 2011 Feb 10; 87(2): 13–28.

doi: [10.2183/pjab.87.13](#)

PMCID: PMC3043740

PMID: [21321478](#)

## Ivermectin, ‘Wonder drug’ from Japan: the human use perspective

[Andy CRUMP](#)\*<sup>1</sup> and [Satoshi ŌMURA](#)\*<sup>1†</sup>

Editor: Satoshi ŌMURA

▶ [Author information](#) ▶ [Article notes](#) ▶ [Copyright and License information](#) [PMC Disclaimer](#)

### Abstract

[Go to: ▶](#)

Discovered in the late-1970s, the pioneering drug ivermectin, a dihydro derivative of avermectin—originating solely from a single microorganism isolated at the Kitasato Institute, Tokyo, Japan from Japanese soil—has had an immeasurably beneficial impact in improving the lives and welfare of billions of people throughout the world. Originally introduced as a veterinary drug, it kills a wide range of internal and external parasites in commercial livestock and companion animals. It was quickly discovered to be ideal in combating two of the world’s most devastating and disfiguring diseases which have plagued the world’s poor throughout the tropics for centuries. It is now being used free-of-charge as the sole tool in campaigns to eliminate both diseases globally. It has also been used to successfully overcome several other human diseases and new uses for it are continually being found. This paper looks in depth at the events surrounding ivermectin’s passage from being a huge success in Animal Health into its widespread use in humans, a development which has led many to describe it as a “wonder” drug.

**Keywords:** avermectin, ivermectin, mode of action, onchocerciasis, lymphatic filariasis, drug resistance

Read the full article yourself [here](#).

"...led many to describe it as a 'wonder' drug."

Let's do another...

From the [NIH.gov](#):



Pharmacol Res. 2021 Jan

PMCID: PMC7505114

Published online 2020 Sep 21. doi: [10.1016/j.phrs.2020.105207](https://doi.org/10.1016/j.phrs.2020.105207)PMID: [32971268](https://pubmed.ncbi.nlm.nih.gov/32971268/)**Ivermectin, a potential anticancer drug derived from an antiparasitic drug**

[Mingyang Tang](#),<sup>a,b,1</sup> [Xiaodong Hu](#),<sup>c,1</sup> [Yi Wang](#),<sup>a,d</sup> [Xin Yao](#),<sup>a,d</sup> [Wei Zhang](#),<sup>a,b</sup> [Chenyong Yu](#),<sup>a,b</sup> [Fuying Cheng](#),<sup>a,b</sup> [Jiangyan Li](#),<sup>a,d</sup> and [Qiang Fang](#)<sup>a,d,e,\*</sup>

► [Author information](#) ► [Article notes](#) ► [Copyright and License information](#) ► [PMC Disclaimer](#)

**Graphical abstract**[Go to: ►](#)

Ivermectin has powerful antitumor effects, including the inhibition of proliferation, metastasis, and angiogenic activity, in a variety of cancer cells. This may be related to the regulation of multiple signaling pathways by ivermectin through PAK1 kinase. On the other hand, ivermectin promotes programmed cancer cell death, including apoptosis, autophagy and pyroptosis. Ivermectin induces apoptosis and autophagy is mutually regulated. Interestingly, ivermectin can also inhibit tumor stem cells and reverse multidrug resistance and exerts the optimal effect when used in combination with other chemotherapy drugs.



ad the full article [here](#).

◀ powerful antitumor effects...in a variety of cancer cells."

➤

repeat, this is not MY opinion, this is a medical journal!

In fact, there are MANY articles that all come to the same conclusion, across multiple different types of cancers.

### *Can Ivermectin Treat "Turbo Cancers"? - 9 Ivermectin Papers Reviewed*

*The drug once labeled "horse de-wormer" is now showing AT LEAST 15 anti-cancer mechanisms of action.* <https://t.co/Nt6kr0j8VH>

— *The Vigilant Fox (@VigilantFox)* [October 10, 2023](#)

Here are 9 of them, from VigilantNews:

#### **papers reviewed:**

- **[2023 Sep.23 - Man-Yuan Li et al](#)** - Ivermectin induces nonprotective autophagy by downregulating PAK1 and apoptosis in **lungadenocarcinoma** cells



- ADVERTISE WITH US
- **2023 May - Samy et al** - *Eprinomectin: a derivative of ivermectin suppresses growth and metastatic phenotypes of prostate cancer cells by targeting the  $\beta$ -catenin signaling pathway*
  - **2022 Nov - Lotfalizadeh et al** - *The Anticancer potential of Ivermectin: Mechanisms of action and therapeutic implications*
  - **2022 Oct - Jian Liu et al** - *Progress in Understanding the Molecular Mechanisms Underlying the Antitumour Effects of Ivermectin*
  - **2022 Jun - Daeun Lee et al** - *Ivermectin suppresses pancreatic cancer via mitochondria dysfunction*
  - **2021 Aug - Shican Zhou et al** - *Ivermectin has New Application in Inhibiting Colorectal Cancer Cell Growth*
  - **2021 Jan - Mingyang Tang et al** - *Ivermectin, a potential anticancer drug derived from an antiparasitic drug*
  - **2019 Sep Intuyod et al** - *Anti-parasitic Drug Ivermectin Exhibits Potent Anticancer Activity Against Gemcitabine-resistant Cholangiocarcinoma In Vitro*
  - **2018 Feb - Juarez et al** - *The multitargeted drug ivermectin: from an antiparasitic agent to a repositioned cancer drug*

You can see that FULL article over on [MakisMD Substack here](#).

w for the most obvious question:



**Need LEGAL and SAFE Ivermectin? Read This!**



we just reported yesterday that a new leaked report says airlines are looking to **BRING BACK MASKS** in October.


Yes, really.

I fully expect a new "planned-demic" will show up right in time for the 2024 election.

Oh they might not call it "COVID" again and probably they won't.

But I fully expect a new one to hit.

And I'm going to be prepared this time.

Whether it comes in the form of a bioweapon or something much more mundane like a tick bite or a Bill Gates' mosquito – you and your family need to be prepared. That's where The Wellness Co  comes in.

You know the Wellness Company and their great doctors – like Dr. Peter McCullough and Dr. Jim Thorp – are regularly in the media speaking out against the broken medical establishment.

**r. Thorp, one of the nation's leading critics of the corrupting influence of big pharma, believes that now – more than ever – people should be prepared for the next pandemic.**

*"I've strongly recommended "stock piling" critical medications including antibiotics since the turn of the century. This has been an incredible investment as many friends, family and patients have benefited. Now, in summer of 2023, this recommendation is even more crucial." – Dr. Jim Thorp*

The Wellness Company and their [doctors are medical professionals that you can trust and their new medical emergency kits](#) are the gold standard when it comes to keeping you safe and healthy.

[Be ready for anything, this medical emergency kit contains an assortment of live-saving medications](#) – including [ivermectin](#) and Z-pak. The medical emergency kit provides a guidebook to aid in the safe use of all of these life-saving medications.

From anthrax to tick bites to COVID and even to a bioweapon like the plague – the [Wellness Company's Medical Emergency kit](#) is exactly what you need to have on hand to be prepared.

Rest assured knowing that you have emergency antibiotics, antivirals and anti-parasitics on hand to help keep you and your family safe from whatever the globalists throw at us next!

[The Wellness Company Medical Emergency Kit includes:](#)

- Amoxicillin-Clavulanate (generic Augmentin) 875/125 mg - 28 tablets
- Azithromycin (generic Z-Pak) 250 mg - 12 tablets
- Doxycycline Hyclate 100 mg - 60 capsules
- Metronidazole (generic Flagyl) 500 mg - 30 tablets
- Trimethoprim-Sulfamethoxazole (generic Bactrim) 800/160 mg - 28 tablets
- **Ivermectin 18mg - 7 compounded capsules**
- Fluconazole (generic Diflucan) 150 mg - 2 tablets
- Ondansetron (generic Zofran) 4mg - 6 tablets
- 1 virtual consult from a doctor you can trust
- 1 Emergency Medication Guidebook written by our Chief Medical Board for safe use.

[The Wellness Company Medical Emergency Kit treats:](#)

- Anthrax
- Bacterial Vaginosis
- Bite Wounds
- Bronchitis
- Chlamydia
- Clostridioides difficile

- Colitis
- COVID - 19
- Gonorrhea
- Giardiasis
- Lice
- Nausea & Vomiting
- Pharyngitis
- Pinworms
- Plague (bioterror)
- Pneumonia
- Rickettsial Infections
- Scabies
- Shigella Infection
- Sinusitis
- Skin Infection
- Strep Throat
- Syphilis
- Tetanus
- Tick Exposure
- Tonsillitis
- Traveler's Diarrhea
- Trichomoniasis
- Tularemia (bioterror)
- Urinary Tract Infection
- Vaginal Candidiasis
- Viral Upper Respiratory Infection

Don't be caught unprepared. Don't be reliant on the broken and corrupt medical industrial complex.  
Don't regret not acting today.

**[Order The Wellness Company's Medical Emergency Kits today!](#)**







\* These statements have not been evaluated by the Food and Drug Administration.

< These products are not intended to diagnose, treat, cure, or prevent any disease. >

*(Note: Thank you for supporting businesses like the one presenting a sponsored message below a ordering through the links below, which benefits WLT Report. We appreciate your support!)*

#### RELATED:

## We Were RIGHT About Ivermectin From Day One!

### PAGING DOCTOR FLIP-FLOP!

### DOCTOR FLIP-FLOP, PLEASE REPORT TO THE OPERATING ROOM!

In a 180 degree flip-flop a politician would be jealous of, the U.S. Food and Drug Administration (FDA) now admits doctors can prescribe Ivermectin to treat COVID-19.

Yes really.



During the COVID-19 *plandemic*, the FDA did everything possible to prevent doctors from prescribing the antiviral to treat COVID-19.

The corrupt agency compared people seeking ivermectin to horses.



You are not a horse. You are not a cow. Seriously, y'all. Stop it.



fda.gov

### Why You Should Not Use Ivermectin to Treat or Prevent COVID-19

Using the Drug ivermectin to treat COVID-19 can be dangerous and even lethal. The FDA has not approved the drug for that purpose.

7:57 AM · Aug 21, 2021

47.7K Reposts 20.9K Quotes 108.7K Likes 3,016 Bookmarks

The federal government, mainstream media, Big Tech, and pharmacies created numerous barriers to prevent COVID-19 patients from obtaining ivermectin for treatment.

After millions of Americans lined up to take the experimental COVID-19 shots, the FDA changed course to say doctors can prescribe ivermectin for COVID-19.

Straight from the horse's mouth. Now time for [@US\\_FDA](#) to issue a statement so patients can get their prescriptions filled at [@cvspharmacy](#) and [@Walgreens](#). <https://t.co/r5khovfAfe>

— Mary Talley Bowden MD (@MdBreathe) [August 11, 2023](#)

According to *The Epoch Times*, the "FDA explicitly recognizes that doctors do have the authority to prescribe ivermectin to treat COVID," Ashley Cheung Honold, a Department of Justice lawyer representing the FDA, said during oral arguments on Aug. 8 in the U.S. Court of Appeals for the 5th Circuit.

*"FDA explicitly recognizes that doctors do have the authority to prescribe ivermectin to treat COVID."*

*Doctors are free to prescribe [#Ivermectin](#) to treat [#COVID19](#), a lawyer representing the [#FDA](#) said this week. <https://t.co/2laViQTfjX>*

— *The Epoch Times (@EpochTimes)* [August 10, 2023](#)

From [The Epoch Times](#):

*The government is defending the FDA's repeated exhortations to people to not take ivermectin for COVID-19, including a post that said "Stop it."*

*The case was brought by three doctors who allege the FDA unlawfully interfered with their practice of medicine with the statements. A federal judge dismissed the case in 2022, prompting an appeal.*

*"The fundamental issue in this case is straightforward. After the FDA approves the human drug for sale, does it then have the authority to interfere with how that drug is used within the doctor-patient relationship? The answer is no," Jared Kelson, representing the doctors, told the appeals court.*

The FDA explicitly stated that ivermectin "isn't authorized or approved to treat COVID-19."

However, the agency attempted to excuse its corruption.

"FDA made these statements in response to multiple reports of consumers being hospitalized, after self medicating with ivermectin intended for horses, which is available for purchase over the counter without the need for prescription," Honold said.

In an interview with Maria Bartiromo, [Senator Ron Johnson](#) described the destruction caused by the actions of the FDA.

"The doctors I've been dealing with and talking to for yours now, they believe that probably hundreds of thousands of Americans lost their lives because they were denied early treatment," Johnson said.

and they were denied it because the FDA sabotaged, for example, ivermectin. And they said, come on, you all, you're not a cow, you're not a horse. You know, this is supposedly horse medicine. No, this was a Nobel Prize-winning medicine that could have saved hundreds of thousands of lives."

WATCH:

*The FDA has now endorsed treating COVID with Ivermectin! The FDA has blood on its hands. How many Americans senselessly died because Big Medicine called this cheap, readily available Nobel Prize winning medicine horse paste?*

*Thank you Ron Johnson your leadership and bravery. [pic.twitter.com/m0d6EonC5Q](https://pic.twitter.com/m0d6EonC5Q)*

— Charlie Kirk (@charliekirk11) [August 11, 2023](#)

Read more from the court exchange from [The Epoch Times](#):

*Ms. Honold said that the FDA didn't purport to require anyone to do anything or to prohibit anyone from doing anything.*

*"What about when it said, 'No, stop it'?" Circuit Judge Jennifer Walker Elrod, on the panel that is hearing the appeal, asked. "Why isn't that a command? If you were in English class, they would say that was a command."*

*Ms. Honold described the statements as "merely quips."*

*"Can you answer the question, please? Is that a command, 'Stop it'?" Judge Elrod asked.*

*"In some contexts, those words could be construed as a command," Ms. Honold said. "But in this context, where FDA was simply using these words in the context of a quippy tweet meant to share its informational article, those statements do not rise to the level of a command."*

*The statements "don't prohibit doctors from prescribing ivermectin to treat COVID or for any other purpose" Ms. Honold said. She noted that the FDA, along with the statements, said that people should consult their health care providers about COVID-19 treatments and that they could take medicine if it was prescribed by the provider.*

*FDA is clearly acknowledging that doctors have the authority to prescribe human ivermectin to treat COVID. So they are not interfering with the authority of doctors to prescribe drugs or to practice medicine," she said.*



le actually told you all of this YEARS ago!



ADVERTISE WITH

Our reporting has been spot on from Day 1, nice to see the FDA catching up to us, but very sad it took so long.

Here is one of our prior reports:

## CONFIRMED: The True Story of Ivermectin Now Coming Out!

I continue to bring you the REAL news about Ivermectin....

Real, unfiltered news with no bias.

Just the facts, ma'am!

Like this one for example:

### Two Separate Doctors Claim OVER 100 Members of Congress Treated With Ivermectin!

Anyone else mad yet?

Here's the deal...

Now the FDA is backtracking big time, trying to claim they never said you couldn't take Ivermectin, really...hard to even believe!

But it's true, look at this:

*The scumbags are backtracking. They knew all along Ivermectin and Hydroxychloroquine prevented covid. But the drug dealers would not making hundreds of billions on these functional drugs. So they poisoned billions of people with the mRNA test drug. Crimes against humanity. <https://t.co/nia76r41IW>*

— Phenix Evely, PhD (@evely\_phenix) [November 22, 2022](#)

And this:

*Not making accusations. This will all come out in the wash eventually. The FDA in the US is already backtracking by claiming that when they said don't use ivermectin it was only a "suggestion."*

— ConnectALLtheDots ..... (@thedotconnectr) [December 12, 2022](#)

hey knew all along:



https://twitter.com/wolsned/status/1603157314147868672

In fact, some studies are now showing it MIGHT be highly effective at destroying cancer:

*The horse dewormer strikes again. <https://t.co/6qofYPNGHV>*

— Dr. Urso (@richardursomd) [December 15, 2022](#)

Catturd right again:

*Remember when they said Ivermectin was only horse paste - and the low IQ, anti-science, useful idiots clapped like trained government seals.*

— Catturd™ (@catturd2) [December 14, 2022](#)

A wave of truth is coming out:

◀ *The FDA's website states, "Currently available data do not show ivermectin is effective against [#COVID19](#)."* ▶

*But half of the studies to which the FDA points support using [#ivermectine](#) against [#COVID\\_19](#), an [@EpochTimes](#) review (by [@ZackStieber](#)) has found <https://t.co/9DImZ7kvah>*

— Jan Jekielek (@JanJekielek) [December 11, 2022](#)

Here is Dr. Peter McCullough:

***#BREAKING:** Dr. Peter McCullough says the FDA acted criminally and should be sued for misleading the public by spreading misinformation on Ivermectin's ability to treat Covid-19 - causing unnecessary death. <pic.twitter.com/Bg3ZS756tc>*

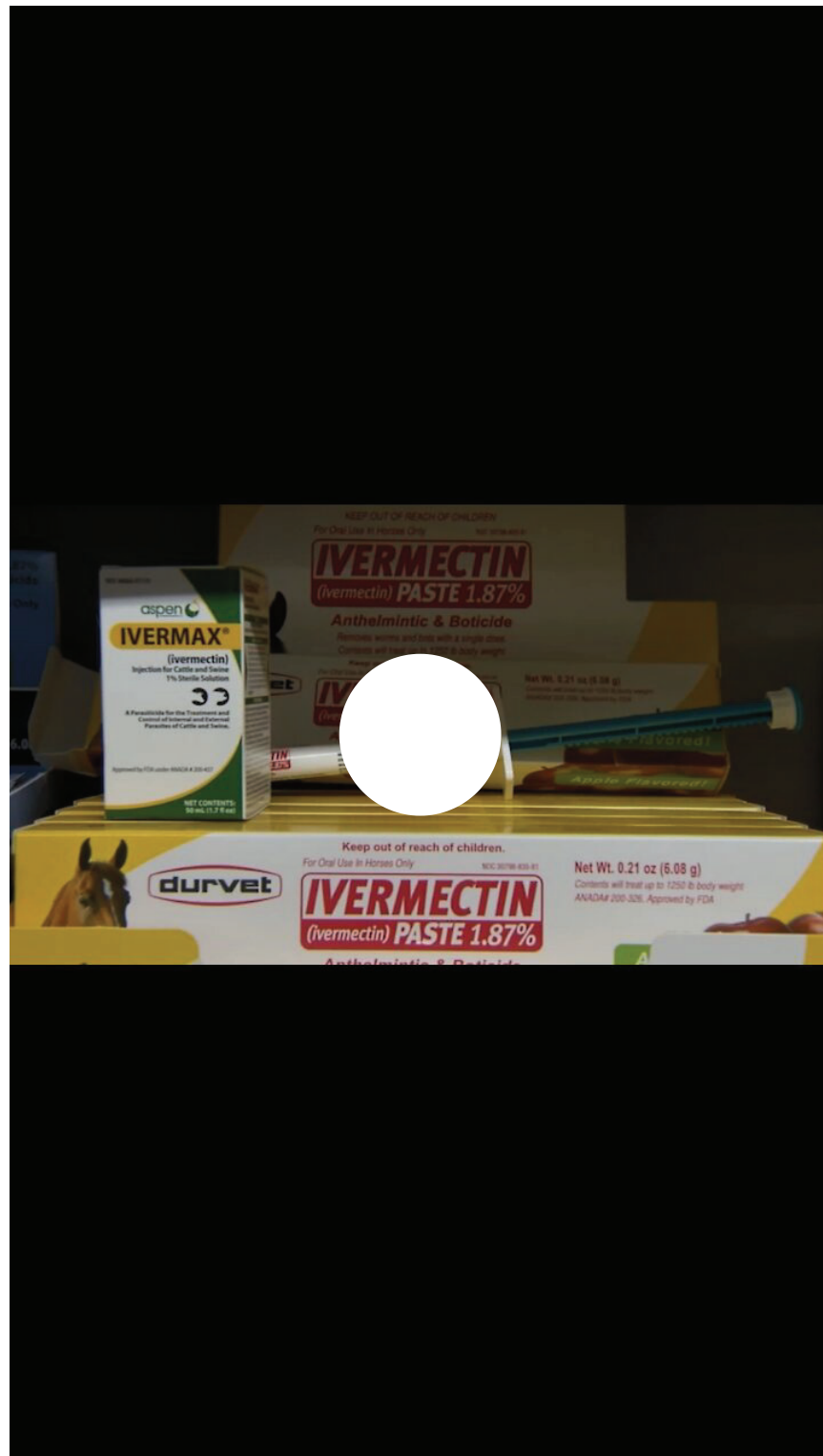
— govt.exe is corrupt (@govt\_corrupt) [December 16, 2022](#)



Just remember we told you the TRUTH all along...

They didn't want you to see this but we showed you from Day 1!

Watch it here on [Rumble](#):



Remember this disclaimer:

**I am not a doctor. I am not giving you medical advice. I'm a REPORTER. I research and I report and I give you the full story open and honestly so YOU can decide.**

Now let's go to another video.



ADV

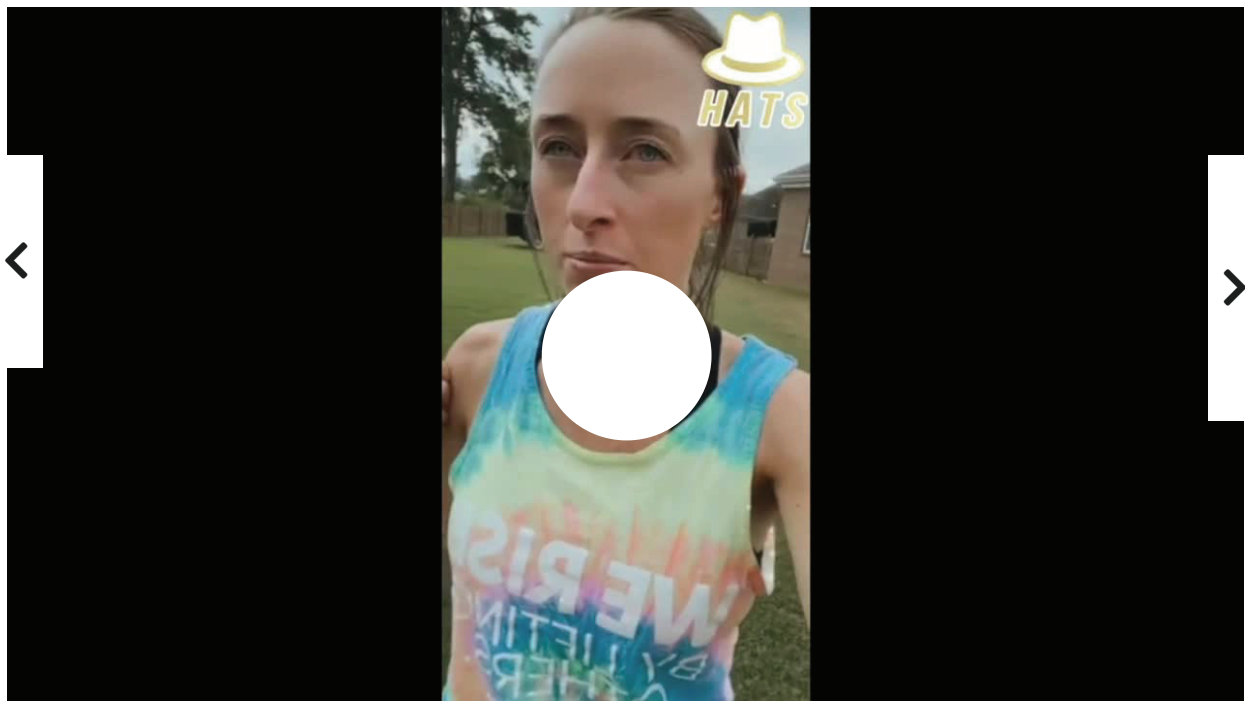
—his woman below documented her own journey with Ivermectin on video.

She starts off looking not so good but makes a swift turnaround in just a few days.

This is not me talking, listen to her share and document her own story...

Here is the video from [Rumble](#):

### RECOVERY: Woman Shares Her Incredible Ivermectin Journey!



Now let's talk about the MSM disinformation campaign, which is a nice way of saying "outright lies and propaganda".



ook, I will give you one disclaimer before we get started: I am a journalist and not anyone with  
 my medical expertise. I'm not a doctor and I'm not giving medical advice.

I'm just presenting you with the results of my research that the MSM really seems to want to hide....

And I know how to do my research.

So let's start with this:



Now let's unpack all the lies the MSM has been telling you about Ivermectin.

You would assume based on all the MSM propaganda that Ivermectin is only approved for Horses and not Humans.

The only problem with that?

It's not true.

Not even close.

Here's the real truth:

# “Ivermectin has been FDA approved for human use since 1996.”

Yes folks, that is a statement taken from PolitiFact's very own fact-checking page about Ivermectin.

But what they do with their "Face Check" is so insidious....

Here's how [PolitiFact](#) tries to claim that the TRUE statement is still somehow false, watch these mental gymnastics:

*This post was flagged as part of Facebook's efforts to combat false news and misinformation on its News Feed. (Read more about our partnership with Facebook.)*

◀ *It is true that ivermectin was approved by the Food and Drug Administration that year — but not to treat the coronavirus. The drug was approved for strongyloidiasis, a disease caused by a roundworm, and onchocerciasis, or river blindness, which is caused by a parasitic worm.* ▶

*The drug was approved for humans under the brand name Stromectol, National Geographic reported, and since then it's been recognized as a safe treatment for several tropical diseases caused by parasites. In 2015, two scientists even won a Nobel Prize for their discovery of ivermectin and its use to treat diseases caused by parasites.*

*But unlike, say, river blindness, COVID-19 is caused by a coronavirus, not by parasites. And as PolitiFact recently reported in a story exploring ivermectin, there's no conclusive evidence that ivermectin is effective against COVID-19.*

The lying and the deception is just so evil, really makes me angry.

If you give me a full year, I couldn't come up with all the twists and turns these people take to turn the TRUTH into a lie.

It's sickening.

But we're just getting started.

ext come the scare tactics and VERY misleading headlines.



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Like this article from [WIVB Channel 4 News](#):

*After a recent resurgence in several states, health officials are warning residents to be aware of a dangerous of an unauthorized “treatment” for COVID-19 — often being taken with dangerous consequences.*

*It’s called ivermectin and it’s used to treat and prevent parasites in animals, the Food and Drug Administration explains. The tablets are not FDA approved for treatment of COVID-19 in humans and isn’t even an anti-viral drug — meaning it has no impact on the coronavirus. And because the large-concentration tablets are intended for large animals, these can be treacherous for humans.*

*In addition to not being authorized for treatment, there’s no evidence ivermectin treats COVID-19.*

*“There’s a lot of misinformation around, and you may have heard that it’s okay to take large doses of ivermectin. That is wrong.”*

#### FDA

◀ *The FDA and several state officials say they’ve seen an uptick in calamitous use of the drugs, particularly tablets used to treat parasitic worms in horses. While ivermectin is approved for humans to treat certain skin conditions (rosacea) and certain external parasites like head lice, the FDA warns this ivermectin is different than the one used in animals.* ▶

*On Friday, the Mississippi Department of Health was forced to send out a warning to residents about the dangers of the drug after several poisonings.*

***The Mississippi Poison Control Center said at least 70% of recent ivermectin-related calls are tied to people taking livestock or animal formulations they bought at a livestock supply stores or through online markets.***

***Eighty-five percent of callers had mild symptoms — these include rash, nausea, vomiting, and abdominal pain — but one person needed evaluation because of how much they’d taken.***

*More severe dangers of ivermectin ingestion include neurologic disorders, seizures, and death.*



*Use of ivermectin should only be taken if prescribed by a doctor for an FDA-approved use. Regardless of the usage and prescription, the FDA warns ivermectin overdose is still possible. Possible interaction with other medications is also a possibility.*

highlighted the key parts.



70% SURGE in Ivermectin Poison Center calls sounds like a lot doesn't it?

[NPR](#) even reports a 245% surge! Oh my!

Sounds bad until you realize according to NPR that the 245% surge is going from 133 calls to 459 calls....NATIONWIDE!

*According to the National Poison Data System (NPDS), which collects information from the nation's 55 poison control centers, there was a [245% jump](#) in reported exposure cases from July to August — from 133 to 459.*

Yes folks, out of 333 MILLION people, there were 459 calls to poison centers.

So 0.00000137% of the population.

And those are just calls.

According to the bold part of the Channel 4 article, 85% of those people who called or had symptoms had MILD symptoms like a rash.



the horror!



According to the article, only ONE person needed a further evaluation.

But is this what you hear in the MSM?

No.

If you listened only to the MSM fear-porn, you'd think we had a crisis of Ivermectin deaths.

The truth is the polar opposite.

Anyone else REALLY tired of being lied to?

It's why I'm here.

I will continue to shout the truth from the rooftops!



But not done yet.

Did you know that Ivermectin has actually been listed even by the corrupt [WHO](#) as one of the most "essential medicines" out there?



's true, you can [read it right here](#) until they take it down.



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But I'm not done yet!

Let's cut right to the chase and go to a medical journal to see the true toxicity data on Ivermectin in humans.

Seems like something JOURNALISTS should do, don't you think?

Let's go to [INCHEM.org](https://incchem.org), the WHO's own website for "Internationally Peer Reviewed Chemical Safety Information".



They lay it out in black and white and even a non-medical person like me can understand it.

Now let's go down to Section 7.2 of their report which is about Toxicity in Humans:



## 7.2 Toxicity

### 7.2.1 Human data

#### 7.2.1.1 Adults

Amounts approaching the therapeutic doses in animals (100 to 200  $\mu$ g/kg bodyweight) are not hazardous to humans. Ingestions of large quantities (10 to 100 times the animal therapeutic dosage) may produce symptoms resembling those observed in animal toxicology studies at high toxic levels.

An adult female accidentally self-injected a small quantity (approximately 200  $\mu$ g/kg) subcutaneously. Twelve hours later she experienced colicky pain with nausea but recovered within 12 hours (MSD, 1988).

Clinical studies of oral ivermectin given in doses from 2 to 200  $\mu$ g/kg (maximum 12 mg) have shown a pattern of adverse experiences that included only one serious event (transient stupor). The remaining adverse experiences were considered not serious and were chiefly of the type expected based on the characteristics of the underlying disease and the responses seen after treatment with other microfilaricidal drugs, except for reports of "depression" (not psychiatrically tested) in four patients in open studies (MSD, 1988).

#### 7.2.1.2 Children

A 16-month-old boy weighing 15 kg ingested approximately 100 to 130 mg of ivermectin (as an injectable solution). Ten hours post-ingestion he had mydriasis in one pupil, with frequent vomiting, pallor, 35°C temperature, tachycardia, somnolence and variable blood pressure. He developed urticaria the following day, and had recovered after three days (MSD, 1988).

I'm going to bold the key part:

## 7.2 Toxicity

### 7.2.1 Human data

#### 7.2.1.1 Adults

*Amounts approaching the therapeutic doses in animals (100 to 200  $\mu$ g/kg bodyweight) are not hazardous to humans. Ingestions of large quantities (10 to 100 times the animal therapeutic dosage) may produce symptoms resembling those observed in animal toxicology studies at high toxic levels.*

*An adult female accidentally self-injected a small quantity (approximately 200 µg/kg) subcutaneously. Twelve hours later she experienced colicky pain with nausea but recovered within 12 hours (MSD, 1988).*

*Clinical studies of oral ivermectin given in doses from 2 to 200 µg/kg (maximum 12 mg) have shown a pattern of adverse experiences that included only one serious event (transient stupor). The remaining adverse experiences were considered not serious and were chiefly of the type expected based on the characteristics of the underlying disease and the responses seen after treatment with other microfilaricidal drugs, except for reports of "depression" (not psychiatrically tested) in four patients in open studies (MSD, 1988).*

#### 7.2.1.2 Children

*A 16-month-old boy weighing 15 kg ingested approximately 100 to 130 mg of ivermectin (as an injectable solution). Ten hours post-ingestion he had mydriasis in one pupil, with frequent vomiting, pallor, 35°C temperature, tachycardia, somnolence and variable blood pressure. He developed urticaria the following day, and had recovered after three days (MSD, 1988).*

It's start with the very first line: even if you take the ANIMAL dosage, it is "not hazardous to humans".

Case closed folks.

Seriously, why is this not front page news?

Is it because Ivermectin WORKS and actually treats COVID-19 and they can't let that happen?

Just asking.

How soon will it be do you think before they take down the WHO website or "edit" it?

Good thing I took screenshots!

Ok, now to address the question everyone is asking: how can I get it?

Here is a new update from the FLCCC, which stands for [Front Line COVID-19 Critical Care Alliance](#).

From their page "Prevention and Treatment Protocols" I give you the following:

## How to Get Ivermectin

### Prescriptions:

Until ivermectin's use as both a preventive and treatment agent are more widely accepted or recommended, many physicians will be reluctant to prescribe.

If your doctor will not prescribe ivermectin for you, please contact one of the providers listed below.

#### Important Tips When Selecting a Medical Provider:

- Check reviews from other patients
- Ask about pricing for services upfront
- If possible, call more than one provider
- Check the state medical board to see if the provider has a disciplinary record. visit: <https://www.checkbook.org/national/doctors/articles/License-and-Disciplinary-Actions-3181>

I also highlight their disclaimer:

**IMPORTANT NOTICE AND DISCLAIMER:**

- This list of doctors and medical providers is ONLY a collection of information offered as a convenience.
- It is neither a recommendation of the provider nor a verification of the provider's qualifications or practices, medical or otherwise.
- FLCCC has not undertaken any investigation of the medical providers, nor the accuracy of the information provided herein.
- Your independent investigation and evaluation are therefore strongly advised.
- Neither the FLCCC, its physicians and principals nor any individual associated with FLCCC is responsible or liable for the use or misuse of the information provided herein, and your use thereof, or of this website, acknowledges and accepts these terms.

**And then you can TAP HERE to get the full list of doctors who can assist you.**

And if that doesn't work, I have a second source.

Let's go to America's Frontline Doctors, who as their name suggests, are on the frontline of this battle.

They took an oath to heal their patients and they believe many of the things the MSM wants to scare you away from may actually help heal you.

Not my words, theirs.....take a look:

From their website:





## Ivermectin prevention and treatment lookup table for COVID-19

<http://tiny.cc/IVM-SA>

Please note that this info will be updated as more research becomes available. Rather share this link than a screenshot. Please be responsible. The apparent life-saving benefits of Ivermectin do not give you a free ticket to take unnecessary risks.

Mass (kg)	Continues Prevention (Prophylaxis)	Was in contact with a positive person (ASAP)	Treatment (As soon as symptoms start. Do not wait for a positive test result.)
	Take day 1, 3, 10 then weekly	Take day 1 & 3 (Consider continues prevention)	Take day 1, 2, 3, 4 and 5 or until recovered (Get input from your dr to take for more days)
41-50	10mg/1.0ml of 1% solution	10mg/1.0ml of 1% solution	20mg/2.0ml of 1% solution
51-60	12mg/1.2ml of 1% solution	12mg/1.2ml of 1% solution	24mg/2.4ml of 1% solution
61-70	14mg/1.4ml of 1% solution	14mg/1.4ml of 1% solution	28mg/2.8ml of 1% solution
71-80	16mg/1.6ml of 1% solution	16mg/1.6ml of 1% solution	32mg/3.2ml of 1% solution
81-90	18mg/1.8ml of 1% solution	18mg/1.8ml of 1% solution	36mg/3.6ml of 1% solution
91-100	20mg/2.0ml of 1% solution	20mg/2.0ml of 1% solution	40mg/4.0ml of 1% solution
101-110	22mg/2.2ml of 1% solution	22mg/2.2ml of 1% solution	44mg/4.4ml of 1% solution
111-120	24mg/2.4ml of 1% solution	24mg/2.4ml of 1% solution	48mg/4.8ml of 1% solution
121-130	26mg/2.6ml of 1% solution	26mg/2.6ml of 1% solution	52mg/5.2ml of 1% solution
	<p><b>How to take:</b> Drink after a fatty meal any time of day. <a href="#">It does not absorb well enough through the skin.</a></p> <p><b>Contra-indications:</b> Pregnancy, breastfeeding, children under 15kg or under 5 years of age.</p> <p><b>Possible Side effects:</b> Headache, dizziness, visual disturbances and <a href="#">more</a>.</p> <p><b>Drug interactions (your dr's input required):</b> Warfarin, Verapamil, Erythromycin, Clarithromycin &amp; <a href="#">more</a></p>		

## Ivermectin alone is not enough. Do everything you can to not land up in hospital

<p><b>Also, drink:</b>  Vitamin D<sub>3</sub> 1000 IU 1x/d  Vitamin C 1000mg 2x/d  Quercetin 250mg 1x/d  Zinc 40mg 1x/d  Melatonin 6mg bedtime</p> <p><b>Exercise:</b> Get fit to fight the virus when and if you get it</p> <p><b>Limit the intake of:</b> Starch, sugar &amp; table salt</p> <p><b>Foods containing:</b>  <b>Vitamin D:</b> Oily fish, Red meat, Liver and Eggs. The sun on your skin also produces Vit D.  <b>Vitamin C:</b> Oranges, Papayas, Lemons, Broccoli, Parsley &amp; Guavas.  <b>Quercetin:</b> Black grapes, Red raspberries, Nectarines &amp; Broccoli  <b>Zinc:</b> Milk products, Red meat, Poultry, Baked beans, Chickpeas &amp; Nuts.  <b>Melatonin:</b> Eggs, Milk, Fish, Nuts</p>	<p><b>Also, drink:</b>  Vitamin D<sub>3</sub> 4000IU 1x/d  Vitamin C 1000mg 3x/d  Quercetin 250mg 2x/d  Zinc 100mg 1x/d  Melatonin 10mg bedtime  Vitamin B<sub>1</sub> 100mg 1x/d  Omega-3 4g 1x/d  Slow-Mag 1 1x/d</p> <p>Isolate and wear a mask</p> <p>Limit your intake of starch, sugar &amp; table salt</p> <p><i>The flu is only 'just the flu' with a negative COVID test done after the flu symptoms started. A flu is COVID until proven it is not COVID. Please note that there is virtually no influenza at the moment in the world.</i></p>	<p><b>First week (Decrease the viral load):</b>  Vitamin D<sub>3</sub> 4000IU 1x/d  Vitamin C 1000mg 3x/d  Quercetin 250mg 2x/d  Zinc 100mg 1x/d  Melatonin 10mg bedtime  Vitamin B<sub>1</sub> 100mg 1x/d  Omega-3 4g 1x/d  Slow-Mag 1x/d  Aspirin 500mg 1x/d  Famotidine 40mg 2x/d  H<sub>2</sub>O<sub>2</sub> nasal spray 1.5% 6x/d  Betadine mouth wash &amp; gargle 6x/d  H<sub>2</sub>O<sub>2</sub> 1% - nebulise 6ml 2-4x/d  No cortisone</p> <p>No phlegm thickeners like decongestants in flu meds, antihistamine, pain/cough meds with codeine, etc.</p> <p>Get an Oxygen Sats finger meter</p> <p><b>Second week (On Dr's prescription):</b>  Continue with 1st-week meds  Fluvoxamine 50mg 2x/d  Atorvastatin 20mg 2x/d  Cyproheptadine 4mg 4x/d  Enoxaparin injection 1mg/kg 2x/d  Prednisone 40mg 2x/d  Oxygen generator/cylinder - <a href="#">suppliers</a></p>
--	--	---

Read these documents for more information: [tiny.cc/IVM-SA-FULL](http://tiny.cc/IVM-SA-FULL) or [this](#) or [this](#) or [this](#) FLCCC document.

# How Do I Get COVID-19 Medication?

- 1 Click on the contact a physician button below. Fill out the form and pay \$90. The physician will call you typically within 2-7 days (not counting weekends). Please keep your phone with you. After your telemed appointment, the pharmacy will contact you for your payment information and mailing address to send the prescription to you. If you have questions for the pharmacy, please use the pharmacy contact information which was provided to you in an email or text confirming that your prescription was sent to the pharmacy and they will be able to help you.

Contact A Physician

- 2 Due to the extraordinarily high demand for AFLDS telemedicine services and medications, the pharmacy has been unable to meet demand as quickly as it would like. They are addressing this issue and it will be improved, however in the meantime please note the following.
    - First – patients with symptoms will be prioritized. If you do not have symptoms, please do not say you do – you have time to receive your meds and you will still receive them relatively quickly. We are asking everyone to act honorably knowing they will be able to get what they need.
    - Second – typically the physician is able to see you the same day or the next day, and the pharmacy typically sees you within 24 hours of that. Please be patient as it now may take up to 2-7 days.
    - Third – as a reminder – our physician services are available for payment only because we still have a free market which is allowing you to buy something you want for a fair price. We have received thousands of emails from non-Americans who would pay exorbitant fees to stand where you freely stand: the ability to purchase something useful. So we do not answer any emails from people asking us about this service being covered by insurance. We are outside the insurance system specifically because the insurance system is blocking you from obtaining what you need for your good health.
  - 3 Hydroxychloroquine (HCQ), Ivermectin, and other COVID-19 medications can be obtained by prescription in the USA in almost every state. AFLDS-trained and licensed physicians are available via telemedicine for a short consultation. Our physicians know that Zinc plus either HCQ and ivermectin are effective both prophylactically and when used early. The telemedicine physician will review your history. Almost all patients can safely take these medications. However it is up each physician, in consultation with the patient, to determine the best course of action.
- < 4 If you miss the telemed call, you can either wait for the second call (which will come), send an email to [aflds@encoretelemedicine.net](mailto:aflds@encoretelemedicine.net), or call their customer service at (404) 601-1276.

[Tap here to go to their site.](#)

And here is even more, also from America's Frontline Doctors.....

Here is a graphic that has been circulating:





**THE ZELENKO COVID19 PROTOCOL** Dr. Vladimir Zelenko

Endorsed by... 

<b>ZINC KILLS VIRUS</b>	<b>HCQ ALTERNATIVES:</b>	<b>HAVE ON HAND:</b>
ZINC CAN'T GET INTO CELLS	QUERCETIN	QUERCETIN &/OR E.C.C.G.
HCQ OPENS THE CELL DOOR FOR ZINC	E.C.C.G. (EPICLALLOPATECHIN GALLATE)	VITAMIN C
		VITAMIN D
		ZINC

HCQ is prescription based only. Dr. Zelenko recommends Quercetin as an over-the-counter alternative. It is a plant derivative that does essentially the same thing as HCQ and is readily available. Quercetin, like HCQ, is a zinc ionophore which allows a rapid increase in intracellular zinc levels. It also enhances vitamin transportation to the cells. Vitamin C is a required cofactor for Quercetin to work. Vitamin D helps our immune systems stay balanced.

This chart simplifies & summarizes Zelenko's COVID19 protocols with the Quercetin alternative.

Prophylaxis (> 45 yrs old)	Treatment - high risk (> 45 yrs old)
Vitamin D3 5000IU 125mg, daily	Vitamin D3 10000IU 250mg, 7 days
Vitamin C 1000mg, daily	Vitamin C 1000mg, 7 days
Zinc 25-50mg, daily	Zinc 50-100mg, 7 days
HCQ 200mg, 5 days, then 200-400mg weekly or Quercetin 500mg, daily	HCQ 200mg, 2x daily 5-7 days or Quercetin 500mg, 3x daily for 7 days Azithromycin 500mg, 5 days



Quercetin	\$33.87	6 months
Vitamin C	\$7.68	3+ months
Vitamin D3	\$19.99	1+ year
Zinc	\$4.58	3+ months

d now let's go right to their website....

◀ re is what they're calling their Wellness Protocol and it sure seems very normal and common ▶  
 use to me, how about you?

## Wellness Protocol

Dr. Teryn Clark @MdTeryn

**THIS IS NOT MEDICAL ADVICE.** Every situation is unique and every person must check with his or her own physician, especially if you are taking any other medication.

**Age >15**

Quercetin 500 mg. twice daily, Zinc 50 mg daily, Vitamin D 2000 Iu daily, Melatonin 3-6 mg. nightly (exclude if <25)

**Age < 15**

Elderberry and Zinc gummies

The  have their Treatment Options, which again look very reasonable.

Folks, I'm not going to tell you what to do or not do, you have to make up your own mind and consult with your own doctor.

ut as a non-medical person, doesn't this stuff sound like a good idea?



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## Treatment Options

### Low-risk patient

1. Rest, oral fluids, Tylenol as needed
2. Vitamin C 1 gm once a day for 7 days
3. Quercetin 500 mg. twice a day for 7 days
4. Elemental Zinc 50 mg. once a day for 7 days
5. Close follow up with a doctor

### High-risk patient

1. Rest, oral fluids
2. Tylenol as needed
3. Elemental Zinc 50 mg. once a day for 7 days
4. Hydroxychloroquine (HCQ) 200 mg twice a day for 5 to 7 days
5. Azithromycin 500 mg. once a day for 5 days or doxycycline 100 mg twice a day for 5 to 7 days

Note if HCQ is inaccessible then use Quercetin 500 mg. three times a day in place of HCQ. If HCQ becomes accessible, then switch to HCQ.

### Additional treatment options. Should be custom tailored for every patient.

1. Ivermectin 6 mg. twice a day for 1 day
2. Budesonide 1 mg/2cc solution via nebulizer twice a day for 7 days
3. Dexamethasone 6 mg. once a day for 5 to 7 days
4. Blood thinners (i.e. Eliquis or Xarelto)
5. Home O2
6. Home IV fluids

< d here it is in a diagram:







## Zelenko Protocol (> 45 yrs old)

<b>ZELENKO COVID19 PROTOCOL (moderate/high risk, &gt; 45 yrs old)</b>			
<b>Items in orange are available OTC, others are prescription</b>			
<b>Prophylaxis</b>			<b>Treatment</b>
1000mg, daily	Vitamin C	same	1000mg, 7 days
5000IU 125mcg, daily	Vitamin D3	double	10000IU 250mcg, 7 days OR 50000IU, 1-2 days
25mg, daily	Elemental Zinc	double	50mg, 7 days
<b>Zinc Ionophore</b>			
500mg, daily	Quercetin	double	500mg, 2x - 7 days
OR		-	OR
400mg, daily	Epigallocatechin-gallate (EGCG)	same	400mg, 1x - 7 days
OR		-	OR
200mg, 5 days, 200-400mg weekly	Hydroxychloroquine (HCQ)	double	200mg, 2x - 5-7 days
OR		-	AND/OR
0.2mg/kg, day 1 & 3, weekly	Ivermectin (IVM)*	double	0.4-0.5mg/kg, 5-7 days
*Example: IVM dosage for 200lb person (90kg) - Prophylaxis 18mg, Treatment 36mg-45mg			
<b>Antibiotic</b>			
---	Azithromycin (Z-PAK)	add	500mg, 1x - 5 days
---	Doxycycline	add	OR 100mg, 2x - 7 days
<b>Other Treatment Options</b>			
corticosteroid	Dexamethasone 6-12mg 1 time a day for 7 days or		
corticosteroid	Prednisone 20mg twice a day for 7 days, taper as needed		
corticosteroid	Budesonide 1mg/2cc solution via nebulizer twice a day for 7 days		
blood thinners	Blood thinners (i.e. Lovenox, Eliquis, Xarelto, Pradaxa, Aspirin)		
anti-inflammatory	Colchicine 0.6mg 2-3 times a day for 5-7 days		
	Monoclonal antibodies		
	Home IV fluids and oxygen		

I will reiterate here once again what they posted on their website:

**THIS IS NOT MEDICAL ADVICE. Every situation is unique and every person must check with his or her own physician, especially if you are taking any other medication.**

Good advice. For everyone.

If you are interested in where to buy some of these items, scroll down and I have links for you to some of the best ones.

Want even more?

Then you need to hear from my friend Chris Burres who joined me last weekend on my show to talk about the power of C60.

No, he's not saying it treats COVID or cures COVID.

ut he is saying it appear immune system and help your body in many



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Me too, and that's why I had him on my show.

I had a lot of questions for him about C60 and I found the whole thing fascinating!

Yes, I (Noah) personally take C60 and I've been taking it for over a year now.

I first started hearing about it online about a year ago and I did my own research on it to find out what it is, where can I get it, and is it really that good....?

***First, let me give you my disclaimer once again in bold font: I'm not a doctor and I'm not giving you medical advice. I'm not telling you this is going to treat or cure any condition you have. I'm just telling you what I have personally experienced.***

So here's what I found.

I found that C60 is a powerful antioxidant often described as the "perfect carbon molecule".

It's an antioxidant that has been measured to be 172x more powerful than Vitamin C! How about it?

◀ t only is it an antioxidant, but it's an anti-viral and an anti-bacterial and an anti-inflammatory. ▶

tell you this....ever since I saw the Deep State going after Carbon and trying to tax carbon emissions with their Al-Gore Carbon Tax, I immediately knew one thing: I bet Carbon is actually pretty good for you!

Turns out I was right.

Especially the Carbon-60 "perfect carbon molecule."

So once I learned more about it, I then set out to find where to buy it from the most reputable company.

I found there are a lot of companies selling C60 that might actually be bad for you and toxic, so I found the one that has the highest standards and safest, most continually-tested product out there....and that was C60 Evo.

I've personally taking C60 for over a year and feel amazing so in light of all the health issues plaguing our nation right now, I decided I'd have one of the founders of the company on my show to break all this down.

Chris Burres was kind enough to speak with me today (on a weekend) and I thought it was a WONDERFUL discussion!

I learned a lot myself....



He explains what C60 is, why its discovery won a Nobel prize, and the benefits many people experience when taking it.

I believe in this product so much after using it for a year I asked the company if I could actually become an affiliate and get all of you a discount....

And they agreed!

So watch the video below and then scroll down to grab my code which will get you 10% if you want to try it.

Watch here on [Rumble](#):









To visit their website go to <https://www.c60evo.com/welovetrump/>

Use promo code EVNOAH to save 10%.

Backup here on YouTube:

✓ An Interview With Chris Burres: SUPERCHARGING Your Immune System ...



To visit their website go to <https://www.c60evo.com/welovetrump/>

Use promo code EVNOAH to save 10%.

Want even more on an immune-boosting health plan?

Look no further than my friend Clif High.

Clif has routinely promoted C60 in the past and here is even more of what he recommends.

Take a look:

Vaxx repair protocol... [pic.twitter.com/stvjmbbCmn](https://pic.twitter.com/stvjmbbCmn)



Clif (@clif\_high) [August 11, 2021](#)

If that Tweet gets taken down, here is a screenshot of what he posted:

## What do i do if i am vaccinated already??

The best thinking available at this moment:

NAC (an amino acid) for cellular repair.

C60 for apoptosis to get rid of damaged cells & repair mitochondria.

Ivermectin (12mg dose for regular adult, body weight is a factor for dose, see package)

Glutathione to flush out graphene oxide & SPIONS.

vitamin D (crucial) minimum 10,000 IU daily (15,000 IU in winter) probably daily rest of life. - immune system support.

vitamin C (intracellular 'cement' repair & other uses) minimum 3 gms daily liposomal.

Chaga tea daily (couple of cups should suffice - 1/4 tsp chaga powder to 8 oz hot water - ok to drink the chaga powder in the mix).

Balanced Zinc (15 zn to 1 cu) Amazon to locate by that label. Protects against covid & will degrade spike proteins & SPIONS.

I'm going to give you my disclaimer once again.....

**DISCLAIMER: I'm not a doctor and I don't practice medicine.**

**And neither is Clif!**

**ither of us is giving you medical advice.**



UK.

I'm just reporting on what others have said.

But let's be honest....I think I can probably do better than the "doctors" like Dr. Fraudci, Dr. Birxx who lie to you and serve you up a big heaping pile of propaganda!

You can probably take whatever they tell you to do and just do the opposite and you'd probably be pretty close to an ideal course of action!

So no, I'm not a doctor, but if being a doctor puts you in the same class as Dr. FRAUDci, then I take not being a doctor as a badge of honor.

I'm a reporter.



I si report what I hear and see from others.

To paraphrase a once great network: I report, you decide!

ut what I can report is that it sure looks like some very basic stuff can drastically help you recover protect your body going forward!

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Vitamin C, Vitamin D, Chaga Mushroom Tea, C60, and of course hydroxychloroquine and ivermectin may be highly effective!

If you scroll down, I have links for you.

And let's consider the worst case scenario.....taking more vitamins is almost never a bad thing, right?

Your body needs them regardless of what virus is floating around out there.

As long as you don't take too much of the fat-soluble vitamins, it's almost NEVER a bad thing to give your body more vitamins.

Now let me give you a little more background on Clif and why he's making these recommendations....

Watch this video where Clif High explains what the spike protein is actually doing to your body, why it is definitely a bio-weapon, and how each of the items listed above can help:

ame src="https://www.bitchute.com/embed/sbls9a07kys6/" width="100%" height="360"]  
 < re is one more where he goes into even more detail and in this one he talks about the power o >  
 0 and why you need to get some!

Ever since you were a kid, you were told to get your vitamins!

It's basic advice that was good then and is still good now!

You need large doses of the right kind of Vitamin C, 10-15,000 IU's of Vitamin D to maintain certain blood levels, and then Clif recommends **C60** too.

Watch the interview here from **Rumble** (they discuss it in the first 10 minutes) and then scroll down for links to where you can get the best of each item:





If you want to follow Clif's advice, here are some links to the products I like to use.

Unfortunately, I can't give you a link to NAC on Amazon because Amazon banned it.

One of the oldest and most trusted supplements in the bodybuilding industry and Amazon suddenly banned it right now.

Interesting.

So we go with the rest of the list....

First is **Glutathione**:





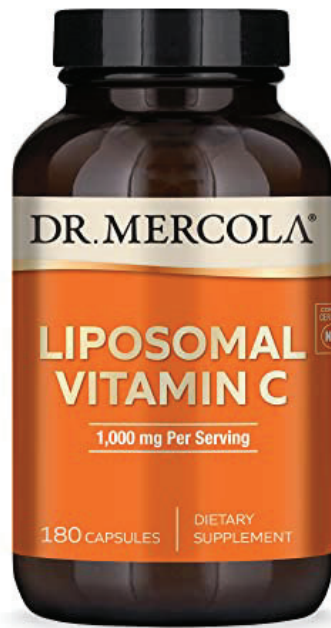


◀ You want to get "Liposomal" Vitamin C, very important.



◀ And in case that sells out, which tends to happen, this is another good Liposomal Vitamin C:





Now on to **Vitamin D**.

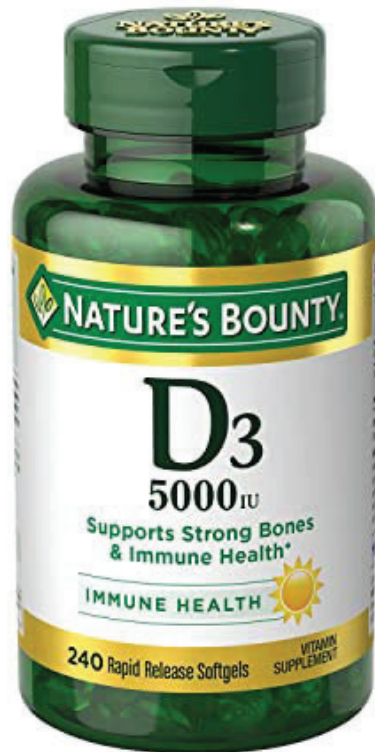


Here is my current favorite and the one I personally take:



and a backup  
**Vitamin D3**:





d **Chaga Mushroom Tea:**

4/30/24,  
12:42 PM

Can Ivermectin Treat Cancer? 20 Peer-Reviewed Medical  
Journal Articles! | WLT Report



nd here is the **Zinc**  
**ilance:**



d we end with C60.

I mentioned above, I've been personally taking C60 for over a year and I have not came down with COVID. Not saying it treats or prevents COVID, I'm just saying my experience.

Regardless of COVID, I love taking it and have noticed multiple benefits.

Here's what many people have reported:



- C60 can slow down aging and reduce cellular damage.
- C60 can improve the immune system and reduce inflammation naturally.
- People have reported substantial weight loss after taking C60 for more than a year, when they have a healthy lifestyle.
- Often we hear about improved vision and substantially keener mental focus; our most consistent response!
- Racers, runners and hikers have discovered the advantage of more endurance, power, and strength on C60.
- We often hear stories about people feeling more virile and romantic while taking our formulation!

C60 is a powerful antioxidant (172x the power of Vitamin C), antiviral, antibacterial and anti-inflammatory.

I loved it so much I actually contacted the company and got everyone who is reading this a deal.



The company is called [C60Evo](#).



Go to their website [here](#) and then be sure to use promo code [EVNOAH](#) and you'll get 10% off your order!

I love this stuff and I think you will too.

Cheers to good health and a big thank you to Clif High for putting out this information!

No, I'm not promising you won't get COVID, but I am saying that TAKING YOUR VITAMINS and powerful ANTIOXIDANTS is a good idea!

Be smart.

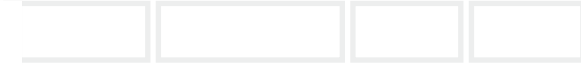
Be safe.

Be healthy!



357  
SHARES





the result? Your favorite devices go from dead (0%) to alive and kicking (100% charged) in as little as 29 minutes!

## Join the conversation!

Please share your thoughts about this article below. We value your opinions, and would love to see you add to the discussion!



\*\*\* **IMPORTANT MESSAGE FROM NOAH!** \*\*\*

**Can't comment?  
Can't even see the comments section?  
WE'RE BEING TARGETED.**

**Ad-blocking software (including the Brave Browser)  
destroys our comments section! BREAKS IT SO YOU  
CAN'T USE IT! It's out of my control.**

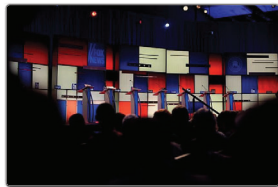
**If you can't find the comments section, turn off your ad  
blocker or ditch Brave Browser and use something  
else....the comments will "magically" reappear. 🙏🙏**

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Time to Take it Home: TOP 10 MEMES - Watch MAGA...



Maria Bartiromo urges Jim Jordan do 'do something' - calls him out nicely...



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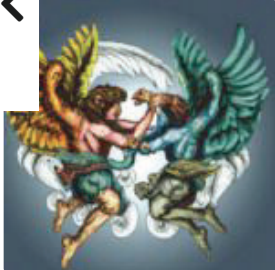


BREAKING: King Charles "Very Unwell", Funeral Currently Being Planned



UPDATE: Redacted Jack Smith Documents Reveal MASSIVE Breach Of Presidential Records Act

#### LATEST ARTICLES



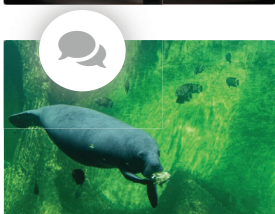
EXCLUSIVE REPORT: Archeology Just Proved The Bible 100% Correct!



Elon Musk Echoes Seinfeld, Make Comedy Non-Woke Again



Ex-CNN Reporter Slammed On HBO Talk Show For Using Race Card




Florida Manatee Dies In "Traumatic" Gay Sex Injury



08:48



# MANAGING-COVID19-2...

## Management of mild COVID-19

A guide for Primary Health Care

Patients with confirmed COVID-19

**What is mild COVID-19 disease?**

MILD	SEVERE	CRITICAL
HOME MANAGEMENT (if safe self-isolation is possible)	HIGHER LEVEL OF CARE	MAY REQUIRE ICU
<ul style="list-style-type: none"> <li>SpO2 <math>\geq 95\%</math></li> <li>Respiratory rate <math>&lt; 25</math></li> <li>HR <math>&lt; 120</math></li> <li>Temp <math>36-39^\circ\text{C}</math></li> <li>Mental state normal</li> <li>Ability to walk</li> <li>Ability to talk in full sentences</li> </ul>	<ul style="list-style-type: none"> <li>Deterioration in the ability to perform activities of daily living</li> </ul>	<ul style="list-style-type: none"> <li>Sepsis</li> <li>Septic Shock</li> </ul>
<p><b>Clinical signs &amp; symptoms</b></p> <p><b>Patients at high risk for deterioration:</b></p> <ul style="list-style-type: none"> <li>Diabetes Type 1 &amp; 2</li> <li>Renal disease or failure</li> <li>Cardiac comorbidities</li> <li>Pulmonary comorbidities</li> <li>Patients over 65</li> </ul>	<p>The Patient's Oxygen Saturation should be checked with a Pulse Oximeter before being sent home</p> <p><b>Respiratory Distress:</b> Requires supplemental oxygen &amp; specific therapies (such as corticosteroids)</p>	<p><b>Acute Respiratory Distress (ARDS)</b> Requires sustaining treatment</p>

**What guidance can I give to a patient who needs to self-isolate?**

**A patient who can safely self-isolate should:**

- Be able to eat, drink, sleep, and breathe in a well-ventilated room (with or without air conditioning)
- Be able to maintain physical distancing at all times
- Be able to maintain hand hygiene at home
- Be able to use a Pulse Oximeter (if accessible) to monitor their oxygen levels
- Be able to contact their healthcare provider or facility in case of deterioration, contact details to be provided

**Whilst isolating at home, the patient should:**

- Not leave the isolation period
- Not have visitors in the household
- Assign 1 member of the household as the dedicated caregiver (to reduce exposure of the household to the virus)
- Stay at least 2 meters away from everyone at all times
- Wear a mask if contact with others is unavoidable
- Practice good hand, cough and sneeze hygiene
- Avoid sharing household items or bathrooms, if not possible, clean items and areas thoroughly after use
- Wash hands, clean surfaces and linens with soap and water
- Seek medical attention if symptoms worsen or if compliance with these points are not possible

**ADVISE PATIENT:**  
Most mild cases resolve at home with little intervention. HOWEVER, any deterioration in symptoms should prompt them to seek re-evaluation by the healthcare provider.

## Treatment of mild COVID-19

- Symptomatic relief of fever or pain: use paracetamol in preference to nonsteroidal anti-inflammatory drugs.
- Advise the patient to rest and maintain adequate hydration.
- Do NOT give corticosteroids to patients with mild COVID-19 disease (unless they require them for a reason apart from COVID-19).  
-  **steroids are only of benefit in patients with hypoxia, and may worsen outcomes in mild disease.**
- When treating mild COVID-19, there is no clear evidence of the benefit of using vitamins, zinc, aspirin, anticoagulants, Ivermectin or other medications.

## Monitoring mild COVID-19 patients

**Why is it important to monitor a patient with mild COVID-19?**

- Patients with mild disease may worsen over the course of a week or more.
- Ensure the patient continues to meet criteria for "mild" disease.
- If not, refer to higher level of care.

**What does clinical monitoring involve?**

- Checking, several times a day:
- Respiratory rate and/or difficulty of breathing
  - Temperature
  - Pulse rate
  - Mental state
  - Pulse oximetry (if available at home) – check Sats are  $\geq 92$ .
  - If not, refer to a higher level of care.



led by Dr. Jeremy Nel on behalf of the COVID-19 Clinical Guidelines Committee



Gmail

Tros Bekker &lt;trossieb@gmail.com&gt;

**Curcumen anti-cancer qualities**

1 message

Suzette Bekker &lt;bekkersuzette@gmail.com&gt;

Sun, May 12, 2024 at 2:18 PM

To: Dr Tros Bekker &lt;trosbekker@gmail.com&gt;, Tros Bekker &lt;trossieb@gmail.com&gt;

**NEW ARTICLE: CURCUMIN and CANCER - New Research in the past 4 years - 5 papers including a look at improving bioavailability**

**Curcumin is a polyphenol** extracted from *Curcuma longa* (Turmeric), a plant belonging to the ginger family.

Vogel and Pelletier isolated Curcumin for the first time in 1815 while working in the Harvard College laboratory

**4738 papers published on Curcumin and Cancer** (that's 37% of the 12,600 papers published on Curcumin)

Some of **Curcumin's many anti-cancer activities** and mechanisms:

- **cancer prevention** (inhibits DNA damage, free radical scavenger)
- **anti-inflammatory**
- **immunomodulatory** (immune cells, cytokines)
- **anti-proliferative** (inhibits **NF-κB**)
- **stimulates apoptosis, autophagy, cell cycle arrest**
- **anti-angiogenesis** (inhibits VEGF, EGFR)
- **anti-metastatic** (inhibits adhesion molecules and matrix metalloproteases involved in metastasis)
- **upregulates p53, PTEN tumor suppressors**
- **modulates microRNAs (miRNA), decreases oncogenic miRNA and increases tumor suppressors**

**Pfizer and Moderna COVID-19 mRNA Vaccines cause aggressive cancers called TURBO CANCER**, and although doctors are denying this phenomenon, thousands are suffering from it.

**Curcumin** is relevant to **Turbo Cancer patients** in the following ways:

- **binds spike protein** (useful for spike detox as per Dr.Peter McCullough's base spike detox protocol @P\_McCulloughMD)
- **significantly increases p53** (spike damages p53)
- **modulates microRNAs** (may be involved)
- **modulates microbiome** (may be involved)
- **has proven effect on 4 of top 5 Turbo Cancer types** (lymphoma, breast cancer, lung cancer, colorectal cancer)
- **nanocurcumin shows improved outcomes in most aggressive Turbo Cancers (pancreas, leukemia)**
- **curcumin induces apoptosis of Cancer STEM CELLS** (may be involved)
- **curcumin reverses chemo resistance and is a radiosensitizer** (Turbo Cancers are notorious for being unresponsive to conventional chemoradiation)
- **curcumin protects kidneys and liver from chemo damage** (important for anyone needing chemo)
- **curcumin is safe at doses of up to 12g/day with no toxicity**
- **nanocurcumin may provide up to 70x bioavailability whereas curcumin+piperine provides only 2x bioavailability compared to curcumin alone**

**This is a very important article for anyone dealing with cancer!**

Article Link in photo to avoid shadowban, **just re-type the URL in the 1st photo at the top, into your browser to access**

@HighWireTalk @ClaytonMorris @TheChiefNerd  
@RustyRockets @Joerogan @TuckerCarlson

#Diedsuddenly

# CANCER PROTOCOL

Herewith again the Cancer Protocol, which includes

CDS,

DMSO,

Ivermectin and

Fenbendazole.

NB. Please note that the Ivermectin and Fenbendazole is used 3 days of the week (after the start-up protocol has been followed)

and the CDS the other 4 days of the week.

It is IMPERATIVE to follow it meticulously, since Ivermectin and Fenbendazole neutralizes the CDS. If neutralized, the CDS will not be able to make the cancer cells implode. The protocol has been developed that way for a reason by a trained medical professional with many years of experience in and knowledge about CDS, etc.

Godspeed to all the cancer fighters. We realise that it isn't always easy. However, there is hope through earthly means and the One of Hope. Please don't give up.

Kind regards,

Heidi Dannhauser

 Huwelied Huis 

[www.huwelied.co.za](http://www.huwelied.co.za)

## **\*Dr Peter McCullough: Shedding of mRNA and Spike Protein — Rationale for ‘Base Spike Detox’\***

By Dr Frank Yap, M.D. - July 30, 2023

A major publication is under review and editing; however, the information is far too important to hold back. I have arrived, based on the emerging scientific literature and my clinical observation, that three OTC products are essential as a triple base combination:

- Nattokinase 2000 FU (100 mg) twice a day
- Bromelain 500 mg once a day
- Nano Curcumin 500 mg twice a day

Additional products can be added, including NAC, IVM, HCQ, fluvoxamine, low-dose naltrexone, and blood thinners, depending on the clinical evaluation and the syndrome. The therapeutic objective is to start treatment and allow the body to clear Spike and its fragments with the natural reticuloendothelial system. I believe this triple combination is the best approach.

Patients can get a big head start if they self-initiate Base Spike Detox as they get organized for appointments. I have found three months is a minimum duration, and some require more than a year. Don't expect instant results, be patient. I have a major manuscript under review for publication that summarizes the clinical rationale and evidence supporting Base Spike Detox.

....

....

<https://covid19.onedaymd.com/2023/07/dr-peter-mccullough-shedding-of-mrna.html?m=1>



Daria Matej

8 articles

## "Unlocking Success in Reselling: Strategies, Insights, and Growth Opportunities"

October 7, 2023

Fenbendazole for humans and many chemotherapy drugs, carry similar methods of action between them but fenbendazole does not have the side effects or toxicity as radiation does. Fenbendazole for humans can be quite easily bought because it comes as capsules or powder that are available online. You should always buy from reputable brands such as Fenben Lab or Safe Guard. To overcome limited absorption by our digestive system's tract itself, it's recommended you take fenbendazole with food: adding the powder right into your meal drastically improves its ability to enter circulation. However, remember a small percentage may notice some light stomach discomfort if they exceed suggested fenbendazole dosage.





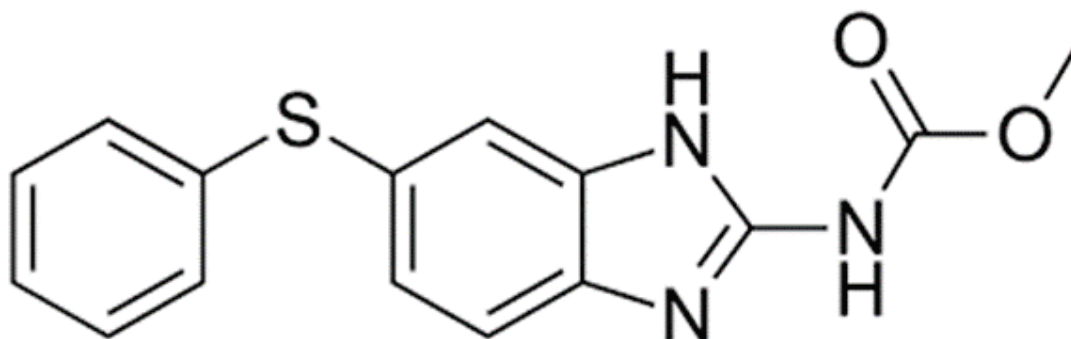
Fenbendazole belongs to the class of benzimidazole compounds, which effectively target parasites by hindering their ability to absorb glucose. By disrupting the energy metabolism of parasites, fenbendazole inhibits their ability to survive and reproduce, ultimately leading to their eradication from the host's body. This mechanism of action makes it a valuable tool in the fight against various parasitic infections, including roundworms, hookworms, whipworms, and certain protozoa. One of the significant advantages of fenbendazole is its broad-spectrum activity against a wide range of parasites. This versatility enables healthcare providers to prescribe fenbendazole for different parasitic infections, simplifying treatment strategies and reducing the need for multiple medications. Additionally, fenbendazole has demonstrated excellent efficacy when it comes to

treating resistant strains of parasites, making it a valuable option in cases where other treatment options have failed.

The safety profile of fenbendazole for humans has been extensively studied, particularly due to its veterinary use. Numerous clinical trials and real-world experiences have shown that fenbendazole is generally well-tolerated with minimal side effects. The most commonly reported side effects include mild gastrointestinal disturbances such as nausea, diarrhea, or abdominal discomfort, which usually resolve on their own without the need for intervention.

What is Fenbendazole?

The connection between fenbendazole and cancer is gaining attention in the realm of health. Also known as "fenben", this medication primarily serves to banish parasites including roundworms, hookworms, whipworms, among other types (note: also active against certain tapeworm variants), commonly found its use via brand names like Fenben Lab or Safe-Guard within animals though it's been co-opted by humans recently who follow Joe Tippens Protocol for tackling cancer.



An exploration into what overarches fenbendazole delivers a benzimidazoles class which act efficiently to destabilize microtubules—a seamless link can be drawn here with albendazole parbendazole flubendazole alongside mebendazole that all belong on the roster for having demonstrated their potential advantages when applied humanistically. There exist scarce scientific inquiries probing directly at possible anti-cancerous attributes housed amidst fenbedzandgannavolecules yet one intriguing excerpt from published studies is hinting towards “the drug historically perceived only effective suppressing an array of parasitic living forms across numerous animal species could well serve another purpose – holding fort against perilous malignancies affecting us sapiens!”

Further research puts forward how utilizing existing zoological drugs laden hopeful expected outcomes if designed exclusively servicing humanity encompassing resplendent promise pegged fulfilling future pharma requirements successfully trimming vast resource wastage squandering dollars while procuring advanced horning therapeutics. (Source)

#### How Does Fenbendazole Work in Humans?

Fenbendazole does an effective job of eliminating parasites by tactically obstructing the creation process for something called microtubules. Microtubules play a critical role in the cellular structure — they allow passage into cells so that necessary work can be carried out, including integration with chromosomes and cancerous cell interaction.

Cancer progression is heavily linked to mitosis (cell division) - it's essentially unchecked replication on overdrive. Fenbendazole works its magic here as well; it selectively puts brakes on tubule activity, effectively halting rapid cell fragmentation or reproduction reminiscent of cancer proliferation pathways—much like commonly used chemo-therapeutic treatments such as Taxol and vincristine do!

There are three key mechanisms scientists believe enable fenbendazole's battle against these undesirable invaders:

1) Apoptotic Induction: Think about this like programmed self-destruction! The drug initiates lifecycle stalling through inhibiting movement along those infamous microtubes.

2) Blocking Glucose Routes into Cancer Cells: Bad news spreads fast—it tends lives almost exclusively off glucose consumption at astonishing rates compared healthy counterparts – some 200 times faster even! This dependence allows detection via PET scans thanks Warburg Effect phenomenon surrounding aerobic glycolysis related researches.

Here's where our hero steps in yet again - grabbing hold reins from wildly racing sugar fuel lines leading towards malevolent alliances formed within body confines electrolyte uptake decrease transport channels coupled 'hexokinase 2' enzyme suppression significantly slowing down their relentless advance further strengthening barricades around sweet spot supplies vital survival fares poorly without global village

3) P53 Gene Reawakening: Another fascinating facet weaponization lies hidden capacity charge incredible suppressor genes thus reducing rate metastasis ingenious tactic ensures same excess reliance issue encountered treatment options arises maintaining long-term effectiveness constant attack back fire horrendously rebel doctors' friend fighter bit sooner later

Breaking science jargon real quick killer's survival skills have developed quite sophistication over time through system resetting outsmart incoming therapeutic offensives even powerful enough pump those outwardly negate effects actions However wheelhouse immune continuous onslaught giving sturdy footing fight full swing.

#### History of fenbendazole

Fenbendazole, which first emerged in 1974, is used globally. Not only does it eradicate parasites but it also has potency as an anti-cancer drug with virtually no side effects observed after extensive use. Bear in mind though that every medication can potentially yield some adverse effect.

It's been proven to cause shrinkage of diverse types of tumors and make a positive difference when combined with traditional procedures like radiation or chemotherapy without causing disturbances - deeming this repurposed substance supplementary cancer treatment potentiality.

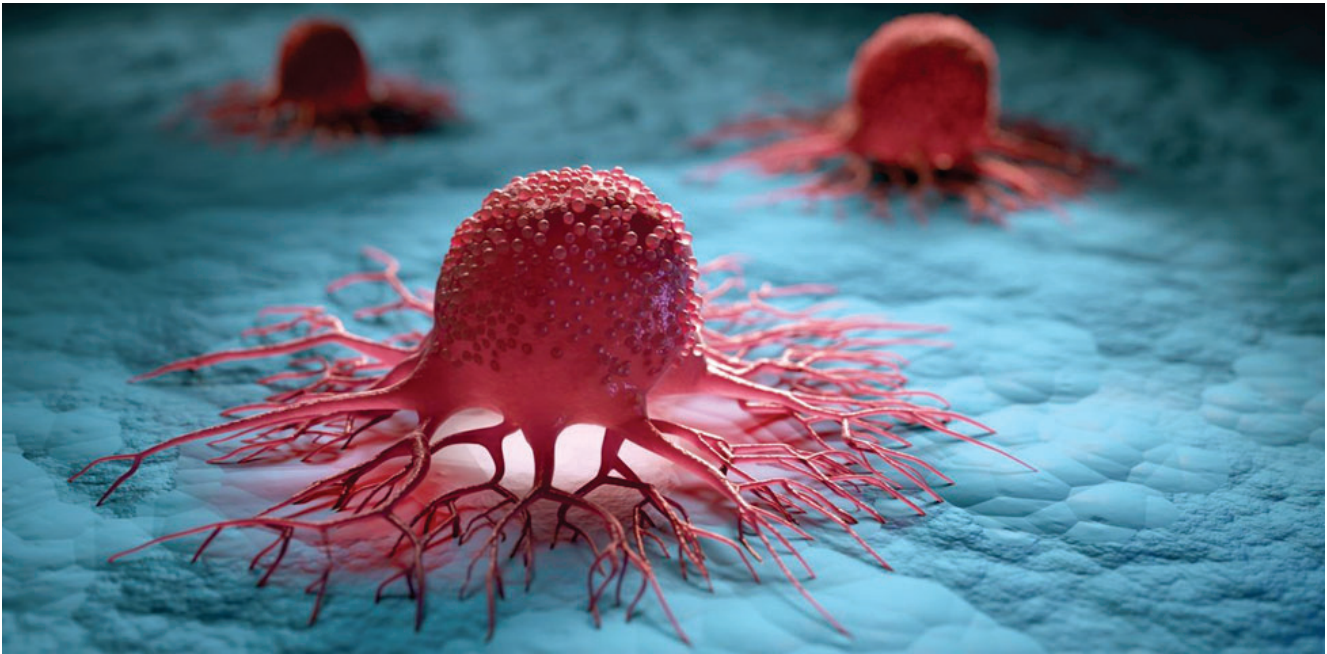
Throughout the epidemic we've highlighted various other such medications initially intended for different applications. (Source)

#### What is Cancer?

Cancer is a condition marked by unbridled growth and dissemination of certain body cells to different areas.

The human structure, composed of trillions of cells, can develop cancer just about anywhere within it. Under normal circumstances, as per our bodily requirement, human cell proliferation (through a mechanism known as cell division) generates new ones that replace damaged or aging cells when they expire.





Anomalies in this structured chain might lead these abnormal or defective entities - instead unwarranted enhancement in their number leading them sometimes even form what we know are tumors - masses made from clumped tissue which may be noncancerous(benign) too.

Malignant or cancerous agglomerations infiltrate neighboring environments causing an encroachment on other parts hence spreading via generating newer tumor colonies at distance places- referred to commonly under metastasis term. Though many cancers result into formation firmer lumps, tumors some like leukemia do not follow this pattern since being blood related malignancies.

Benign tumors differ by virtue lack invasive qualities furthermore upon excision common observation no recurrence although notable exceptions exist where regenerated solid masses reported also possible wrestle with massive benign forms instance brain affecting located regions possibly endangering life directly challenging inherent functionality. (Source)

How Does Cancer Develop?

The development of cancer can primarily be attributed to:

- Errors that transpire when cells split.
- Damage experienced by DNA due to potentially harmful environmental substances such as tobacco's chemicals and sunrays with intense ultraviolet radiation.

- Genetic traits obtained from one's predecessors at birth.

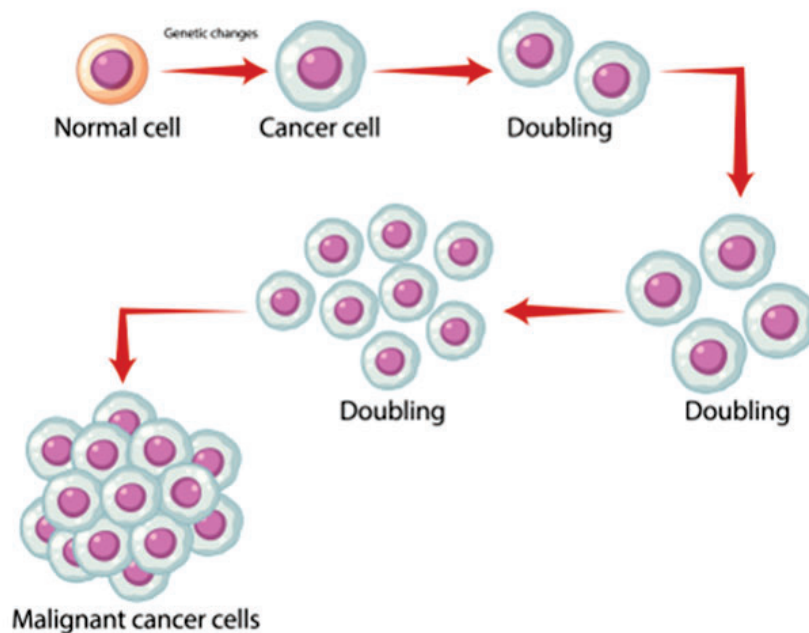
Under normal circumstances, our body has a system in place that removes any cells that have suffered damage before they morph into becoming cancerous entities. However, as we grow older, this ability diminishes which plays an integral role explaining why there tends to be higher risk associated with developing cancer during later stages life.

Each instance of someone combating against is made distinctive thanks its own unique set genetic variations involved within it being formed grown even further changes could also occur progressively over time Interestingly enough fact should note every tumor different type cell population found inside them might still carry disparate alterations their genes.

How Does Cancer Spread?

Cancer that has scattered from its point of origin, known as metastatic cancer, possesses the identical name and type to that of the initial or primary carcinoma. If lung tissue reveals a growth onset by breast cells for instance- it's termed 'metastasized breast cancer', not 'lung cancer'.

# Cancer

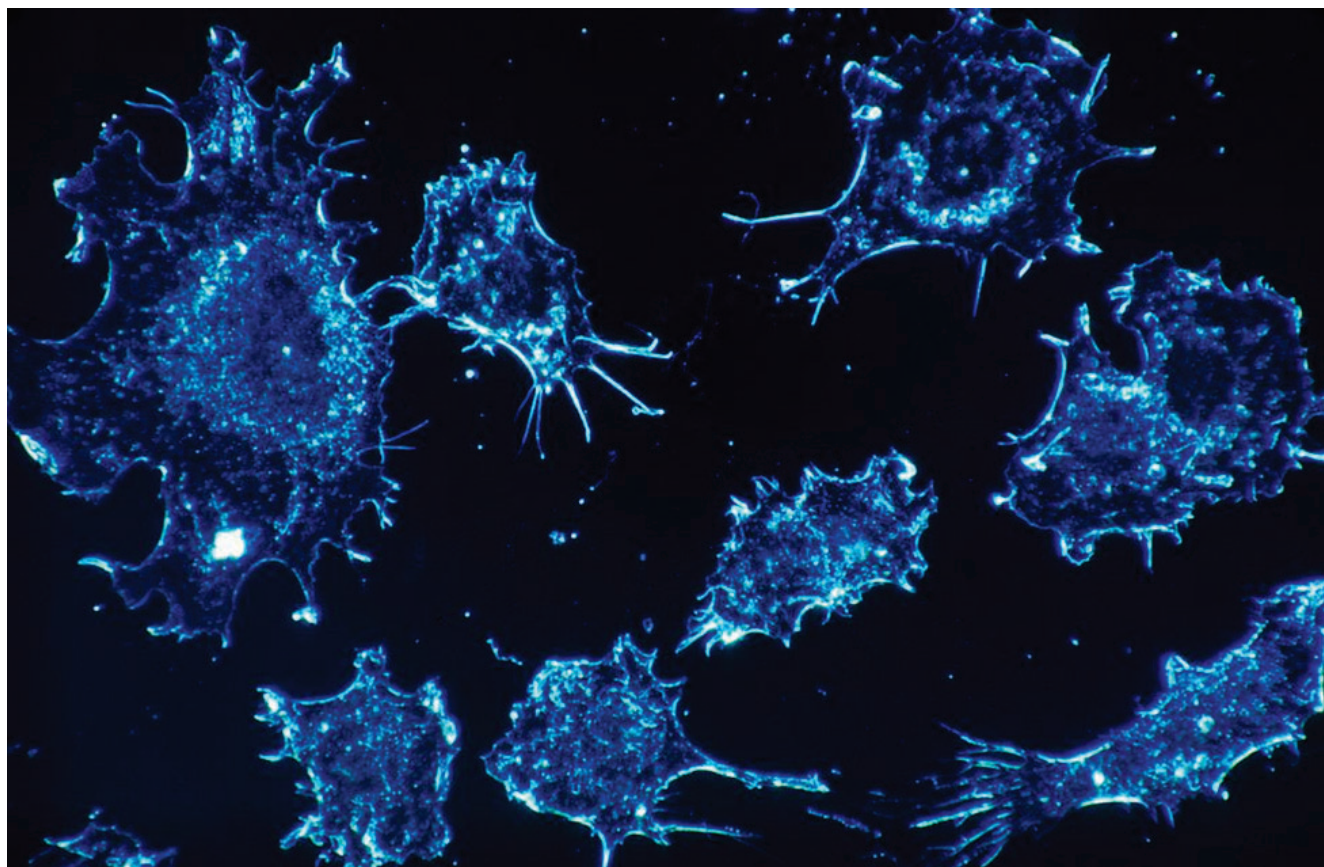


Usually when placed under microscopic evaluation, scattering malignant cells mirror those native to their source in attributes visually perceptible at cellular level. There is often also an underlying correlation between these cell types' molecular facets like typical genetic shifts within chromosomes.

Various treatments may extend longevity among individuals battling unrestrained dissemination depending on individual circumstances. Alternatively other therapeutic interventions might primarily be employed with curbing proliferating masses expansion or easing resultant symptoms being front-of-mind objective instead survival extension. Malignant tumors have been linked severely impairing bodily functionality upon spreading extensively – majority terminally ill affected members generally owe predominant cause mortality unto disseminated disease presence eventually than exact locale original tumor resided initially.

#### Fenbendazole for Cancer

Researchers began investigating Fenbendazole's potential in cancer treatment due to its demonstrated effect on the inhibition of tubulin polymerization - a crucial process in cancer cell proliferation and survival. In simple terms, Fenbendazole could potentially stall the growth of cancer cells and disrupt their lifecycles, fostering a new frontier in cancer treatment.



### Fenbendazole for Human Cancer Treatment

The proposed regimen, commonly known as Fenbendazole Protocol or Fenbendazole Cancer Treatment, guides for 222 mg dosage on a daily basis (or equivalent of one gram of Panacur C), and this continues throughout all seven days per week. This remedy comes either in granule form that's ingested orally, or as a liquid suspension taken similarly by mouth. If opting for its fluid version remember it's vital to meticulously evaluate each dose measurement your intake; wrong dosages can lead to delayed results! It's advisable too that your fenbendazole uptake pairs with feeding times—it keeps away any possible gastrointestinal discomforts often associated after medicine usage.

While the medical community has yet maintained limited research engagement around fenbendazole-aided cancer suppression strategies—early historical reception affirms noteworthy toleration among human consumers.

### Fenbendazole for Cancer in Humans



In oncology, advances are often surprising and enlightening. One such unexpected possibility is the use of fenbendazole, a drug typically prescribed for veterinary use, in the treatment of human cancer. This veterinary medicine, predominantly known for treating parasites in animals, is now making strides as a potential cancer therapeutic agent.

Recently, there has been a substantial upswing in research attention towards understanding fenbendazole's inhibitory effects on cancer cells. Essentially, the drug interferes with cellular microtubule functions, which can potentially induce apoptosis (cell death) in malignant cells - a breakthrough avenue in cancer treatment.

The science community's interest in this drug peaked when groundbreaking research evidenced its ability to impede tumorigenesis. By disrupting the division of cells – a critical process in cancer growth, fenbendazole is setting itself up to be a noteworthy contender in oncology research.

But it's essential to temper enthusiasm with caution. While preliminary findings are encouraging, more robust clinical trials and human-centric studies are needed to conclusively determine its safety and efficacy as a novel cancer treatment.

## Fenbendazole Dosage

### Fenbendazole Cancer Treatment Protocol

For ongoing cancer treatment, it's advised to consume pure fenbendazole powder (222 mg) daily with some recommending a day off each week e.g., Sundays. Always look for high quality fenbendazole that is tested in third party laboratories, best brands are Fenben Lab or SafeGuard. If you're uncertain about how much fenbendazole you should take this is quite an accurate fenbendazole dosage calculator. Though there is no risk of tolerance build-up, resting intermittently might still prove beneficial for users' wellbeing. You are reminded that this drug must follow or accompany meals to enhance absorption and should be supplemented by nightly doses (1–2 drops before bedtime) of CBD oil (25mg). Two 600mg Curcumin capsules taken at mealtimes combined with twice-daily Milk Thistle dosages(250mg), may further bolster benefits while aiding in liver care.



### Supplements to Take With Fenbendazole Protocol

This consists daily administration post-meal: pure fenbendazole powder (equivalent dosage strength 222-444 mg); once-a-day, 600mg curcumin twice per day from golden turmeric inflorescence availing therapeutic additives equivalent approximately six-hundred milligram's total per diurnal rotation plus desirable side effects.

## Fenbendazole PROTOCOL

# FENBENDAZOLE

**222 mg – 444 mg ONCE PER DAY WITH FOOD**

- A. 6 OR 7 DAYS PER WEEK\* - ACTIVE CANCER TREATMENT
- B. 6 DAYS PER WEEK\* - PROPHYLAXIS FOR MAINTAINING NED  
(HAD CANCER IN THE PREVIOUS 5 YEARS)
- C. 3 DAYS PER WEEK, 10 WEEKS PER YEAR – PREVENTATIVE  
(NEVER HAD CANCER)

\*MONITOR AST AND ALT LEVELS (LIVER FUNCTION) ONCE EVERY 3-6 MONTHS.  
IF ELEVATED TAKE 2-3 WEEKS OFF FENBEN, THEN RESUME PROTOCOL

## SUPPLEMENTS

### IMPORTANT:

CBD oil 25 mg once daily Curcumin 600 mg twice daily

### OPTIONAL:

Vitamin D 1 000 - 4000 IU (25-100 mcg) +  
Vitamin K2 100 - 200 mcg daily  
Berberine 500 mg two or three times a day\*\*  
Milk Thistle 250 mg daily\*\*\*  
Daily multivitamin

\*\* TAKE A WEEK OFF FROM BERBERINE EVERY 6 MONTHS. DO NOT USE  
WITH METFORMIN

\*\*\*DO NOT TAKE FOR ESTROGEN-SENSITIVE CONDITIONS  
SUCH AS BREAST, UTERINE OR OVARIAN CANCER

Remember these key points when considering Fenbendazole treatment:

- Don't expect instant results. The treatment often takes between 1 and 4 months before any noticeable changes can be seen.
- Remember that this therapy is compatible with most other cancer treatments including chemotherapy drugs, surgery or even radiation.
- No matter how much progress you see while on the drug regimen don't stop it prematurely - particularly if your cancer type has tumor markers which could indicate relapse. Promising medical imaging data doesn't mean that treatment should end abruptly since tumors – especially harder types of malignant cases – tend to reappear fast when left untreated.
- Fenbendazole works best taken alongside food: thus, ensuring meal participation during intake administration might prove beneficial for users.
- Most people won't face side effects due to taking this medication: however overindulgence may lead some individuals experiencing mild diarrhea.
- Unless Liver enzymes begin their upward climb no pauses need implementing within prescribing schedule but these occur one must break cycles minimum fortnight period off mode.
- Reputedly scientists believe fenbendazole sensitizes malignancies towards radiant healing techniques thereby amplifying potential positive outcomes associated such therapies further down line helping enhance effectiveness.

Internet-famous Joe Tippens without a medical status didn't prevent him developing potential protocols sharing success stories across digital platforms like YouTube making possible self-conducted research figuring out whether not route worth exploring personal journey through illness. However legally obligated say always remember consult upon professional advice offered by respective healthcare providers oncologist doctor This message intended providing information regarding alternative solutions along traditional ones never deemed replacement original guidance.

Fenbendazole Cancer Clinical Trials

Cancer clinical trials with Fenbendazole are still in the early phases. These trials aim to evaluate the safety, tolerability, and efficacy of the drug in human patients with various types of cancer.



Researchers are particularly interested in Fenbendazole's potential synergistic effects when used in combination with other cancer therapies, like chemotherapy or immunotherapy.

Here's a few you could read:

1. The Anthelmintic Drug Mebendazole Induces Mitotic Arrest and Apoptosis by Depolymerizing Tubulin in Non-Small Cell Lung Cancer. <https://mct.aacrjournals.org/content/1/13/1201.long>

2. Unexpected Antitumorigenic Effect of Fenbendazole when Combined with Supplementary Vitamins. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2687140/>

3. Phase I clinical trial to determine maximum tolerated dose of oral albendazole in patients with advanced cancer. <https://link.springer.com/article/10.1007%2Fs00280-009-1157-8>

4. Fenbendazole as a Potential Anticancer Drug. <http://ar.iiarjournals.org/content/33/2/355.full>

5. Fenbendazole acts as a moderate microtubule destabilizing agent and causes cancer cell death by modulating multiple cellular pathways. <https://www.nature.com/articles/s41598-018-30158-6>

6. Antitumor activity of albendazole against the human colorectal cancer cell line HT-29: in vitro and in a xenograft model of peritoneal carcinomatosis.  
<https://www.ncbi.nlm.nih.gov/pubmed/15565325>

7. Pilot study of albendazole in patients with advanced malignancy. Effect on serum tumor markers/high incidence of neutropenia. <https://www.ncbi.nlm.nih.gov/pubmed/11474247>

8. Benzimidazole as Novel Therapy for Hormone-Refractory Metastatic Prostate Cancer.  
<https://apps.dtic.mil/dtic/tr/fulltext/u2/a545657.pdf>

Sources:

<https://www.fenbendazole.org/fenbendazole-information/fenbendazole-history/>

<https://www.fenbendazole.org/fenbendazole-for-humans/>

<https://www.fenbendazole.org/fenbendazole-information/fenbendazole-dosage-guide/>

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3580766/>

"Initially, give Gaertner to people to see if they show a response to fenbendazole / ivermectin.

If so (cancer markers down), I continue with the elements in my larger protocol;

otherwise, I place less emphasis on these elements and more on the others.

"Initially, give Gaertner to people to see if they show a response to fenbendazole / ivermectin.

High Vitamin D is critical - blood levels should be between 80 and 100 ng/ml to prevent mRNA replication (which is also why I use it in vaccine injury).

The papaya seed extract is quite interesting; it inhibits cell division in rapidly dividing cells. It also buys a lot of time.

I usually recommend a ketogenic diet, but with fruits; otherwise, a carnivore diet (for cachectic patients)."

### **Joe Tipp's Protocol (the original version) – complimentary cancer treatment**

Fenbendazole 222 mg. Take 1 capsule three days a week, once a day after a fatty meal.\* Then take no fenbendazole for four days. Repeat this cycle every week.

Bio-Available Curcumin 600 mg. Take 1 capsule two times a day after breakfast and lunch with no pauses.

CBD oil 25 mg. Take 1-2 drops (total ~25 mg) under the tongue every day before sleep.

\*- fenbendazole is really hydrophobic and is poorly absorbed from the intestinal tract. Taking it with or after a meal improves absorption.

\*\*\*\*\*//\*\*\*\*\*

### **The modified, stronger version) – complimentary cancer treatment**

Fenbendazole 222 mg. Take 1 capsule every day once after a fatty meal with no pauses.\*\*

Bio-Available Curcumin 600 mg. Take 1 capsule two times a day after breakfast and lunch with no pauses.

CBD oil 25 mg. Take 1-2 drops (total ~25 mg) under the tongue every day before sleep.

### **Joe Tipp's protocol – Fenbendazole protocol guide**

\*\* – fenbendazole is practically non-toxic to individuals with no liver or kidney insufficiency. Joe Tipps confirmed that taking fenben 7 days a week is fine.

### **Preventing cancer relapse – prophylactic protocol**

Fenbendazole 222 mg. Take 1 capsule three times a week, once a day after a fatty meal. Then take no fenbendazole for four days. Repeat this cycle every week.

Bio-Available Curcumin 600 mg. Take 1 capsule two times a day after breakfast and lunch with no pauses.

CBD oil 25 mg. Take 1-2 drops (total ~25 mg) under the tongue every day before sleep.

Tumor marker regular checks every couple of months, regular yearly cancer imaging tests. If there is no cancer relapse after 5 years, decrease the frequency of tests.

### **Preventing cancer for someone who was always cancer-free – prophylactic protocol**

Fenbendazole 222 mg. Take 1 capsule three times a week, once a day after a fatty meal. Then take no fenbendazole for four days. Repeat this for 10 weeks. Stop for 10 weeks. Then repeat the cycle again.

Bio-Available Curcumin 600 mg. Take 1 capsule two times a day after breakfast and lunch with no pauses.

CBD oil 25 mg. Take 1-2 drops (total ~25 mg) under the tongue every day before sleep.

Ivermectin (mg)  
Panacur 5% x 5 ml  
Vit C / Ascorbic Acid 5 g  
Baking soda (level teaspoon)

Done? Week Day Time					
<input type="checkbox"/>	01	01 Morning	80	2	1
<input type="checkbox"/>		Evening		2	1
<input type="checkbox"/>	02	Morning			1
<input type="checkbox"/>		Evening			1
<input type="checkbox"/>	03	Morning	80	2	1
<input type="checkbox"/>		Evening		2	1
<input type="checkbox"/>	04	Morning			1
<input type="checkbox"/>		Evening			1
<input type="checkbox"/>	05	Morning		1	1
<input type="checkbox"/>		Evening			1
<input type="checkbox"/>	06	Morning		1	1
<input type="checkbox"/>		Evening			1
<input type="checkbox"/>	07	Morning		1	1
<input type="checkbox"/>		Evening			1



Protocol prepared for NAME V1

Type of Cancer  
Stage IV

Done?			Week		Day		Time		Type of Cancer Stage IV																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																						
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Protocol: prepared for NAME V1

Type of Cancer  
Stage IV

Done? Week Day Time																													
<input type="checkbox"/>	05	29	Morning	1	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
				1	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
<input type="checkbox"/>	30	Morning	1	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
			Evening	1	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
<input type="checkbox"/>	31	Morning	1	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
			Evening	1	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
<input type="checkbox"/>	32	Morning	1	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
			Evening	1	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
<input type="checkbox"/>	33	Morning	1	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
			Evening	1	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
<input type="checkbox"/>	34	Morning	1	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
			Evening	1	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
<input type="checkbox"/>	35	Morning	1	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
			Evening	1	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1



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