

FREEDOM FROM COVID

A Proposal to Exit the Covid Pandemic in 8 Weeks

My name is Ian Ernest Brighthope. I graduated in medicine and surgery from Monash University in 1974. In 1978 I established a medical practice in Hampton, Victoria and subsequently 3 other treatment centres. In 1982 I became a co-founder and the founding president of the Australasian College of Nutritional and Environmental Medicine (ACNEM). I remained as president for the subsequent 26 years. The College has continued to train medical practitioners in Nutritional and Environmental Medicine to Fellowship standard for the past 39 years. The training involves the scientifically based use of diet, nutrition and complementary medicines (vitamins, mineral and herbal medicines) for the prevention and treatment of all human conditions and diseases, including degenerative diseases, infectious diseases and mental illness. Intravenous therapies are an integral part of the training.

My experience with infectious disease commenced in the late 1970's when I started using High Dose Intravenous Vitamin C (HDIVC) for the treatment of influenza, adult chicken pox (a potential killer), severe herpes simplex, shingles and other infections. With the advent of the HIV/AIDS virus in 1981 and its spread in Australia, patients came to my clinics for treatment with nutrients to improve immune function and other conditions. Patients who were hospitalised with opportunistic infections would come to the clinic for HDIVC. Some of these opportunistic infections such as herpes and pneumocystis carinii pneumonia (PCP) would discharge themselves from hospital for treatment and then return for readmission until their conditions stabilised. It was during this period that I gained an enormous amount of experience in the treatment of acute infections, including serious respiratory infections in the most immunocompromised patients. I wrote a book titled "The AIDS Fighters" for the general public and patients alike. The forward was written by double Nobel Prize winner, Linus Pauling.

In the decades following, the experience that I gained from the use of HDIVC and many other nutrients in the prevention of infectious diseases became testimony to the scientific literature supporting the clinical use of nutritional immunology. This despite the fact that the general medical profession preferred to ignore the science and insist only the evidence of randomised studies best limited to the use of pharmaceuticals. From the early 1980's, over 200,000 HDIVC infusions were given to patients during influenza outbreaks and for other reasons. I have also had experience with patients who have suffered from Swine Flu and placed on Extracorporeal Membrane Oxygenation (ECMO) also known as extracorporeal Life Support. These patients were destined to pass away but HDIVC was successful in getting them off ECMO. I have not had any direct experience in the management of Covid-19 patients but the principles are the same as for any acute severe viral respiratory infection as the treatment is non-specific and immuno-supportive.

I have been following the management of Covid in many other centres around the world since the outbreak of the pandemic and observing the successes in the prevention of the deterioration of Covid patients using nutraceuticals such as vitamins C, D and Zinc among others, including the drug Ivermectin.

It is my firm belief, backed by the nutritional immunological science, ignored by the world and local authorities, that nutritional medicine could save hundreds of millions of lives and create new wealth for the globe. We could be pandemic free in six to to eight weeks

The world will be free of this and future pandemics only when we come to the realisation that the known scientific fundamentals have not been applied to the current SARS-CoV-2 (Covid-19) pandemic. We must react positively. Whilst the social distancing, hygiene, testing, tracking and tracing have been effective, this approach is too late and is a reflection of the failure to plan and manage infectious disease. Waiting and hoping for effective, safe vaccines and antiviral drugs is almost farcical. The question must be asked 'are we going to continue to wait for vaccines and drugs when the next, and possibly highly lethal Covid mutant strikes?'

Currently, the innate strength of the human immune system is completely ignored by the medical profession. It is the most powerful defence we all have against Coronaviruses and every other pathogenic microbe. The function of the immune system depends mostly on the individual's nutritional status and genetic makeup. It's the basic building blocks of amino acids, fatty acids, vitamins, mineral and trace elements that determine how powerful the immune system will respond to an infectious agent such, as a virus, bacteria or fungus. Any deficiency or imbalance of a single nutrient will weaken the response and permit invasion, infection, multiple organ damage, severe disease and death. All of this has been completely ignored by the authorities, despite my attempts to speak with them at the highest level.

Doctors practicing nutritional medicine understand how important the diet, nutritional supplementation and the elimination of excesses such as sugar, alcohol and saturated fats are to preventing most diseases. For decades now, nutritional medicine (NM) experts have been quietly defeating infectious diseases especially when orthodox medicine has failed. They have been successfully preventing and treating influenza, severe herpes simplex, coronavirus infections, intractable bacterial infections and pneumonia for over 5 decades using nutrients that are essential for improving the immune response and suppressing the viral load, including killing the viruses responsible.

The advent of Covid-19 saw panic, pandemonium, economic destruction and death. The world's health authorities were completely unprepared for it. They should have utilised the superior strategies of nutraceuticals Vitamin D, Vitamin C and Zinc rather than the application of simplistic epidemiological tools. The scientific evidence and experience that NM has accumulated over the decades has been and still is, completely ignored. Practitioners of NM have universally attempted making the authorities aware of how powerful it is but the preference of hoping for a vaccine has dominated. Meanwhile, unnecessary deaths and destruction have prevailed.

January 2020 saw the commencement of my 'CD-Zinc Campaign'. It consisted of public health recommendations for the entire population to take Vitamins C and D and the trace element Zinc, the most critical, effective, safe and readily available nutrients for optimal immunity and virus elimination. The government could have subsidised them at a fraction the cost of the pandemic. The entire population could have continued as normal following a maximum of 2 short sharp lockdowns.

All infections significantly impact on vitamin C levels due to enhanced inflammation and metabolic requirements. Supplementation with vitamin C both prevents and treats respiratory and systemic infections.

COVID-19 causes more serious conditions such as pneumonia, acute lung injury (ALI), acute respiratory distress syndrome (ARDS), septic shock and multiple organ failure.

Some patients develop serious co-infections of bacteria and fungi. ARDS is characterised by severe low-blood oxygen, uncontrolled inflammation, oxidative damage and damage to the air sac barrier leading to death. Infections and sepsis cause the 'cytokine storm'. This leads to fluid accumulation in the airways. Increased oxidative stress is a key factor in pulmonary injury including ALI and ARDS. Vitamin C has many functions for COVID-19 prevention and treatment, including the above mentioned complications. Vitamin C can reduce the incidence and severity of all viral infections. Vitamin C increases white blood cell activity, reduces the replication of viruses, increase the production of interferons, enhances killer and helper cell proliferation and increases antibody formation. It is a very powerful antioxidant that protects cells and tissues. Its anti-viral effects have been demonstrated in influenza, herpes viruses, pox viruses and coronaviruses.

Vitamin C can ameliorate the hyperoxia-induced ALI and attenuate hyperoxia-induced white blood cell dysfunction.

Vitamin C prevents the cytokine surge damaging the lungs. Vitamin C eliminates alveolar fluid by preventing the activation and accumulation of neutrophils, which are specialised white blood cells.

High dose intravenous Vitamin C (HDIVC) is instrumental in recovery from influenza and ARDS and other serious complications of serious viral infections. Patients on life support (ECMO) with a poor

prognosis have been rapidly and successfully recovered using HDIVC, with no evidence of lung fibrosis .

IV Vitamin C use in septic shock reduces mortality. Septic shock occurs in very sick Covid patients. It also reduces the length of stay in ICU and significantly shortens the duration of mechanical ventilation. It probably also helps to reduce the damage caused by intubation.

HDIVC does not cause kidney stones or kidney damage, an excuse used by opponents to justify refusal to use the treatment. A rare side effect is preventable break down of some the red blood cells.

In March 2020, the Shanghai government announced its official recommendation that COVID-19 could be treated with high doses of IV Vitamin C. The experience of thousands of doctors around the world who have used HDIVC is that this molecule is one of the most powerful in virtually all human conditions, including physical and mental illnesses and trauma. It should be used as the treatment of first choice in every epidemic.

Vitamin D is the sunlight vitamin. When ultraviolet light falls on the skin, it manufactures a precursor of vitamin D that goes to the kidneys and liver that make active vitamin D; more accurately a hormone called calcitriol. Deficiency of vitamin D results in ricketts in children, bone disease in adults such as osteoporosis and a greatly weakened immune system. Cod liver oil is a rich source of vitamin D. It was used extensively for children in the past during winter to protect against cold and flus.

We now know that this 'sunlight' Vitamin is essential for strong anti-infective immunity. Lack of exposure to sunlight in winter increases the prevalence of Vitamin D deficiency as does living further away from the equator, indoor existence and the minimisation of skin exposure to the sun with clothing. The seasonal increase in Vitamin D deficiency amplifies the risk from respiratory viruses, including the Covid-19 coronavirus. This is one of the main reasons we see these infections in winter and early spring.

A large number of clinical trials of vitamin D supplementation for the prevention of acute respiratory tract infections have been conducted

over the last 2 decades. Over 25 randomised controlled trials have showed an overall protective effect of vitamin D supplementation against acute respiratory tract infections including influenza and coronaviruses. In fact, the benefit from supplemental vitamin D is greater in those receiving daily vitamin D than the benefits from influenza vaccinations. The protective effects against acute respiratory tract infections are strongest in those with profound vitamin D deficiency. Those with low levels of vitamin D have greater protection from infections with supplementation.

People with vitamin D deficiency are much more likely to suffer serious outcomes and death from exposure to respiratory viruses than people with optimal Vitamin D levels. Those with insufficient levels are very susceptible to serious illness and hospitalisation but at less risk of having to go into ICU and death.

Elderly people, especially those in aged-care, are at risk from the consequences of Vitamin D deficiency, unless given adequate Vitamin D supplementation to maintain optimal levels. Others who cannot manufacture enough include people of colour, people restricted to indoors, the obese, diabetics and others with one or more chronic diseases.

The Nordic countries have public health policies of Vitamin D supplementation and food fortification. They also have among the lowest mortality rates attributed to Covid.

Thus, Vitamin D adequacy in the general population allows for a much lower mortality. Countries that do not have any public health policy of Vitamin D supplementation in winter and spring create at risk groups to viral respiratory infections.

Accordingly, surges in cases and deaths from influenza-like viruses including Covid-19 occur.

Public health programmes of vitamin D supplementation protect elderly people and healthcare workers from serious illness and death and allow for much less severe lock-downs and much less economic destruction.

In fact overall, it leads to greater productivity and economic gains.

Vitamin D supplementation is extremely safe, effective, cheap and readily available. No toxicity has been reported with doses of 10,000 iu per day or less. In some individuals the dose required to meet protective levels is higher. Blood tests must be performed to measure the levels of vitamin D.

The myriad of mechanisms of action of Vitamin D are well understood. In fact, it has now been reclassified as a hormone. Its proper name is Calcitriol. Logically, if it is to be regarded as a hormone, then routine testing of people at risk of insufficiency or deficiency should be conducted. If the level of calcitriol is low, it should be medically corrected with supplementation, just as is done with insulin in diabetes and thyroid hormone in hypothyroidism. If vitamin D was a drug and knowing all of its mechanisms of action, it would be readily and extensively prescribed by the medical profession. (Change the name to calcitriol and let's see what happens).

The immediate introduction of public health measures to improve vitamin D status in individuals globally is paramount. The priority should be in settings where insufficient levels and profound vitamin D deficiency is common.

Finally, to zinc, a critical trace element in the fight against Covid-19 and future pandemics. It plays a fundamental role in protecting us against invaders. It is like the moat, turrets, gates and locks to a fort. Without it we are completely unprotected.

Zinc significantly influences immune function. The following explains the the biological basis of altered resistance to infections when zinc is deficient. Approximately 30 percent of the community have insufficient or deficient levels of zinc, leaving them susceptible to infection.

Zinc is known to play a central role in the immune system and zinc-deficient persons experience increased susceptibility to a variety of pathogens. Zinc affects multiple aspects of the immune system

and is crucial for the normal development and function of cells mediating nonspecific immunity such as neutrophils and natural killer cells.

Zinc deficiency also affects the development of acquired immunity, the activation of T lymphocytes and B lymphocytes. It helps B lymphocyte development and antibody production, particularly immunoglobulin G.

Zinc deficiency adversely affects the function of macrophages.

The impact of zinc supplementation on COVID-19 is now well known and the experience of its use by thousands of physicians world wide supports its use in Covid prevention and treatment.

Zinc deficiency results in altered numbers and dysfunction of all the immune cells. Suboptimal zinc increases risk for infectious diseases, autoimmune disorders, and cancer.

The known risk groups for zinc deficiency include those suffering from malnutrition, the elderly and patients with various inflammatory and autoimmune diseases.

A mild zinc deficiency is largely sub-clinical and it is unnoticed in most people. The WHO assumes at least one third of the world's population is affected by zinc deficiency and in Europe, 10 to 20% are zinc deficient.

It is responsible for approximately 16% of all deep respiratory infections world-wide.

Supplementation is safe, effective, cheap and readily available with minimal to no side effects.

Supplementation with zinc could reduce mortality in the Covid-19 patient. Successful supplementation studies focusing on respiratory tract infection in most cases showed prophylactic zinc supplementation was more effective than therapeutic proceedings.

Low serum zinc levels are regularly observed in COPD, bronchial asthma, cardiovascular diseases, autoimmune diseases, kidney diseases, dialysis, obesity, diabetes, cancer, atherosclerosis, liver cirrhosis, immunosuppression, and known liver damage.

57.5% of the elderly and nursing home residents in the U.S. have a significantly decreased zinc intake.

Zinc supplementation is able to reconstitute immune function in elderly and zinc deficient individuals.

The Journal of Infectious Diseases has documented poor outcomes in Covid patients with zinc deficiency.

These zinc deficient patients develop more complications, and the deficiency was associated with a prolonged hospital stay and increased mortality.

Zinc creates a virus killing mucous lining our airways from the nose to the airway's final passages. It holds our lining cells together. Without zinc, our white cells cannot produce antibodies and our genes cannot express and repair themselves for any viral onslaught. It has been shown to be effective in Covid-19, as has vitamin C and D and these 3 nutrients are, in my opinion, extremely synergistic.

Most doctors involved in nutritional immunology would recommend these three nutrients.

Now, there is absolutely every reason for the global health authorities to execute a CD-Zinc supplementation program, world-wide. There is no excuse to deny the people of the world a new, cheap, readily available scientifically-based approach to be pandemic and pandemonium free. We cannot wait for all the clinical studies to emerge when the experience based on the current science is proof. We cannot wait for more studies while watching the bodies drop.

In summary, Covid-19 poses very little risk to people of good health. The judicious use of nutritional supplements as described above will prevent most respiratory infections and in particular, Covid-19. Supplementation will prevent serious infections and hospitalisation and should be managed by trained medical practitioners, nurse practitioners and scientists with appropriate training in nutritional immunology. The most important supplements are oral vitamin D, oral and injectable vitamin C and zinc. The entire population should be educated as to the value of these nutrients and it should not be a difficult task. Over 70% of Australians take vitamins. The proper use of vitamin D by taking the blood levels of the entire population to

120 and preferably 150nmol/L will remediate the deficiency and protect everyone against severe illness and death.

Should there be individuals who do develop a breakthrough and moderate infection, on admission to hospital they should be administered High Dose Intravenous Vitamin C immediately and if their vitamin D is insufficient or deficient, an injection of calcifediol should be administered to achieve optimal vitamin D status. These procedures will effectively prevent deterioration and complications including inflammation, thrombosis, ARDS, ALI and opportunistic bacterial and viral infections. This also applies to other acute, severe, viral respiratory infections including coryza, influenza and coronaviruses. It is the best non-specific defensive management of the patient.

As I have mentioned before, the use of the tri-nutrient approach will reduce the incidence of Covid-19 infection, the severity of Covid-19 infection, the requirement for hospitalisation and if commenced early in a severely ill breakthrough patient, will prevent admission to ICU. Death should only occur in Covid-19 patients who are severely ill from co-morbidities but if these patients are treated nutritionally, their co-morbidities would also be less severe.

Based on my clinical experience and that of other clinicians overseas, the most effective course of treatment for Covid-19 is the widespread use of vitamin D with the added nutrients vitamin C and zinc and the drug ivermectin. They are used prophylactically and therapeutically. HDIVC must be used if a patient's condition deteriorates. Since the 1980's I have frequently argued that every Australian should have access to HDIVC at times of epidemics and pandemics. Thousands of lives would be saved.

There are a number of other nutrients and herbal medicines that practitioners here and overseas are using but the tri-nutrient approach above is more than adequate. The other useful substances with evidence include Chinese and Japanese mushroom extracts, Astragalus, Chinese wormwood, EGCG from green tea, liquorice

root extract, N-Acetyl Cysteine, Colloidal silver nasal spray and colchicine.

I have mentioned the drug ivermectin as both a preventative and therapeutic. There is now overwhelming evidence of its effectiveness and despite the current controversy here in Australia as to its effectiveness, there is good evidence from a large body of published studies. But, more importantly, the successful use of ivermectin in the prevention and early treatment of Covid-19 by my colleagues overseas, is indisputable. The home management using ivermectin of patients who would have been admitted to hospital and ICU is clearly evident. I have witnessed this in various zoom conferences with my colleagues in, for example, South Africa and Zimbabwe. Ivermectin at higher doses is also used in hospitalised patients and patients in ICU. I don't have any personal experience using ivermectin in Covid-19. However, I have the training and experience to evaluate therapeutics that have both scientific documentation and clinical use.

I believe the general population in Australia, would significantly benefit from the general use of the above strategy. Early outpatient treatment, if necessary, would prevent hospitalisation. The best form of immunisation is that which is achieved naturally. The use of the above strategy would enable natural immunity to be achieved in the population, whether or not vaccination has occurred in the individual. The emergence of further strains of Covid-19 would have minimal impact on the population as, firstly they will have developed natural immunity if exposed to the virus, secondly most will have vaccine-induced immunity and finally, they will be protected from severe illness with the nutraceuticals. The NSW government would have no need for any further lockdowns and the health care workers would be given a reprieve from extremely stressful working conditions and their own fear of death.

I speak on behalf of all the medical practitioners and health care workers who are trained in nutritional therapeutics, who understand

the power of these nutrients, who know that this works, but, are too afraid of speaking out.

We could be out of this pandemic and pandemonium in 6 to 8 weeks.

Professor Ian Brighthope

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