Dr. Dietrich Klinghardt
Coronavirus Update and Q&A

Transcript and Tele-Lecture

Dr. Dietrich Klinghardt:

Hi, everybody. I hope you are all in a good mood and confident. I put a PowerPoint together. If you like some of the information on this, you can get that from KlinghardtInstitute.com. Nothing will be lost.

First, I want to square with you what we know about the virus, what it is, and what it's not, just like the herpes virus is a family that is diagnosed and treated in similar ways. Epstein-Barr is part of that virus, of that viral group or family, herpes simplex. Those are all in one particular cluster of similar infections, also causing somewhat similar symptoms. It's very hard to differentiate the symptoms of Epstein-Barr from herpes type six. Now, the coronavirus is a very vast family of viruses. Many colds, stuffy noses, fevers, and flu are called coronaviruses.

The famous one that emerged about 10-15 years ago was SARS, and I had my involvement with that. The ARS stands for Acute Respiratory Syndrome. That means the people died of lung involvement with this particular coronavirus. It was very hefty. Then there was MERS, Middle East Respiratory Syndrome, which also had my share of, from the distance to tribe. I helped people long distance to guide them through this illness.

These illnesses had a death rate of about 10% or in MERS, up to 34%, 34.5%, so there was a different element. So far, the death rate of COVID-19 is estimated to be between .5%-2%. We know that most people that have the virus have never been tested, so they are not the statistics of this. There will be a lot more people out there with the virus that it causes a mild illness, and they walk away from it. The mortality rate is only high in one place in the US, and that was here in the Evergreen Hospital in Kirkland, where the death rate was 60%, six zero. Out of 10 people diagnosed, six died.

I do want to say here, without making any clear connections- I love life, and I want to stay alive for a while. This is where the hospital is in Kirkland. Kirkland is one of only five cities in the US that is firmly wired for 5G for a few months, and Evergreen Hospital is probably the only hospital in the country wired for 5G. Not that they're using it yet, but it's wired, and it's broadcasting. Could there be a connection to the high death rate? At this point, there is a question.

The Chinese cracked the genome that's on this slide. They cracked the genome of this particular virus. Politically, they say, "Yes, it must come from a bat, as many of the other viruses do." However, there is some publication from India that found these man-made inserts in the DNA- So you can take a strand of DNA today and with the CRISPR technique, insert other types of DNA into it. That report stated there were suspicious units added to the DNA, to the gene of this virus that looks very much like HIV.

That's published, and it made us think. That means for us, in terms of therapy and protection, that we should all think, not just a regular virus, but also think retrovirus. We have this wonderful retroviral remedy that's called En-V. It's a tincture. It's a very powerful mix of herbs that all have been shown in the literature to be highly effective against retroviruses, and may be effective for these inserts.

At the bottom of the first page, you have some interesting statistics. So far, published is that 78% of the people, almost 80% of people affected are male and only 20% are female. Virtually no children have been affected by it. I'm sure there are one or two seriously ill children, but in general, this seems to be a fleeting mild illness in children and a milder illness in women. It makes no sense to me to close all the schools to prevent children from getting this illness. Closing all the schools will keep people from having a sore throat for two days. That makes

absolutely no sense. Who should be protected are people my age and older, but we're not getting that offered.

Another thing that you need to know from this page, what are the symptoms? Where it's not just a fleeting, mild sore muscles or a sleepless night, but it's more than that. 98% of people have a fever, elevated temperature, and 76%, three quarters, get the cough. It's a dry cough, which is important. The fatigue and myalgia are only a little bit less than half of the people. It's just common here for most flu. We go a little bit more into diagnosing, already suspecting that you have this infection.

I just want to take you through some of the things that you should know. It's suspected that the virus survives on surfaces for 8-9 days. That means when you're moving around in a public space, you can bring the infection back by simply sitting on something or touching something. I think that should be taken seriously. In my office, we have the shoe policy that you're not allowed to come into this office using the street shoes because they are very likely to bring in the virus and other things, as well.

We're using a particular spray that we use abundantly on our clothes, in the face, on the hands. It's called HOCL, hypochlorous acid, and there are several studies on this particular offshoot of chlorine that have been done on other coronaviruses. Not on this particular one, and have found it to be extremely effective in protecting us from most viruses. I will get back to that a little bit later.

In recent history, I don't think I need to harp on this. It started in December in Wuhan China, and I know all of you know the conspiracy theories that Wuhan, it's a very industrious place in China where China has several laboratories experimenting with viruses, officially in the name of creating better and cleaner vaccines, which I'm all for. It turns out, I looked at the literature, that the coronavirus is currently the most studied virus that is also used as a backdoor for gene therapy, which I didn't know.

In order to create an effective flu vaccine, the coronavirus has been experimented with for at least 20 years, so finding some human footprints in the viral DNA is not a surprise. It doesn't mean it's groomed for the destruction of the human species.

I believe if this virus had been produced to reduce the population, it would have been much easier for them, for whoever's behind this, to create a virus that has a much more, higher mortality rate. This is a lousy virus if it's released for that purpose, it's already a failure. I don't think it's intentionally released from the lab. I think it was a freak accident. They happen all the time in the labs that experiment with viral material and retroviruses.

I've had patients over the years that have worked in such laboratories, and they all had chronic fatigue. They all had the signs that they had infected themselves with the viruses that they experimented on. I think a lot will emerge in the next few years in regards to this, but I think it's not the time to be paranoid yet. I do think we are all expecting that weaponized viruses will be used against us, but I don't think it's this one yet.

Okay. The transformation. I think we all have heard about it now. Coughing and sneezing seem to be the main way of how the virus promotes itself, similar to the flu, except that this one sticks on clothes and surfaces longer than others. The advice is to keep distance to other people, to avoid shaking hands for a while, no hugging, no kissing. I think these are all reasonable.

I do want to say one more time because it's mentioned in the bottom section, six deaths in Washington occurred in the same hospital. I think it was just five, and one was from the same nest of patients. It cast that light on us in Washington. I agree that there is no other country in the world where the distance between the conventional medical community and us more progressive thinking alternative doctors, there's no other place in the world where the distance is so far apart. If these guys in the hospital would recognize that they can probably save some of these patients by giving them intravenous vitamin C, they would rather let the patient die, than ask us where we get the vitamin C from. That's a little bit about the politics here in this state.

How do we diagnose it? Well, the test that is used is mainly, is a real-time reverse transcription-polymerase chain reaction test. That means it's a test that looks for viral material in the specimen that is sent in. Either it's a bit of goop from the nose, from the throat, or the blood. The problem that's still not solved is that there are not enough test kits available. The scale of this was not anticipated, and the scale at which the testing should be done is not possible. We're pretty much on our own with this. I'm a physician, and until a few days ago, we were refused when we tried to send patients to the official place that was set up. We were refused and said, "Sorry, but we don't have enough test kits. We cannot serve you. You've got to deal with this as a doctor on your end."

We're quite happy doing that. We have, for the ART people that listen to this, we have on the DVDs that we use for testing. We have a group of coronaviruses, and we take that as a proxy to at least suspect that this illness is active in the patient. At least for the doctors, the caretakers and families, the fever and the dry cough are a must. Well, as I said, dry cough, that's only three-quarters of the people. The quarter that doesn't have the dry cough are the ones where it turns into a mild illness, where you don't have to worry about it. They can be carriers of the illness, but then certainly, you don't have to worry about their survival.

When the dry cough comes, that's an indication that things could get serious. Often, the illness seems to linger for two weeks, and people think they're almost over it, and then it takes a downturn and becomes horrible shortness of breath and other problems. One patient was diagnosed in Germany. When he started the dry cough, he was in the ICU. I tested him long distance. He tested for homeopathic ipecac, and his wife gave that to him against the advice of the doctors there. The next day, he could go home without any further problems. That's a little tip.

Then, for us, medical people, the low white blood count, and the low lymphocyte count. The CDC has a $5 exam that anybody can do. The typical picture that we see with Lyme disease is the low white blood count, but an elevated lymphocyte count or mildly elevated lymphocyte count. If you have a low lymphocyte count, it is rare, and it indicates that this virus has learned to evade the innate immune system that is known already.

If you watch out for this, a simple lab marker that should trigger you falling into more aggressive action with the patient that you see. Then when things get really bad, then you see the pulmonary infiltrates in the lungs. It's an easy chest x-ray that will reveal that, and you should not wait too long to make that decision. It's in that order. First, the fever, the dry cough should trigger the idea of the blood test. If the lymphocytes are low, it should trigger a good pulmonary exam and then take it from there.

Treatment is an interesting one. We know that so far, treatment in the hospitals has completely failed, at least in the Western hospitals. The death rate there is, once somebody gets into the ICU, into a special wing of the hospital that's going to see it and everything, the death rate is quite high, like I said. Here in the hospital in front of my nose, it was 60, six zero percent. So far, published treatments are only in-vitro studies. That means studies are done on viral cultures, not on giving it to people. What has emerged in the loud talk is about chlorine, chloroquine phosphate. Chloroquine is an old malaria drug that was used for probably 30-40 years as a treatment for Lyme disease, especially for babesia. It's a safe treatment that we haven't had any problems with, and that we're familiar with.

As I said, it was an in vitro study. Hospitals are trying that out now on the patients. It's 500 mg twice a day for ten days is the recommended course. However, I read the paper, and there is also a juxtaposition to it. Another antiviral that is not available to us, if you get the PowerPoint from Klinghardt Institute, it's in there so you can look them up. It's great to know that there's an antiviral that will probably help, but sorry, it's not available.

Then there is the mentioning of nitazoxanide. All of my patients know this drug under the name Alinia or Adaxon. It has over 60 different brand names in the literature, but nitazoxanide is the

generic name of it. It's a dramatically effective anti-parasitic that most of my patients have been on at some point, because it also puts a dent in Lyme disease, especially into babesia or Bartonella. It's a fantastic treatment for toxoplasmosis. It's a fantastic treatment for the seasonal flu. That's what I put people on when they have the flu. It's expensive if you buy it with a regular prescription. The price quoted at the pharmacist is over $2,000 for a 20-day treatment, but there are different ways of getting it less expensive.

It is mentioned in the in vitro study as extremely effective at low doses. I put myself back on it, because once a year, I do a course of Alinia, and I think this is the perfect time of the year to do this. If it's in vitro , extremely effective for COVID-19, I will take the chance on the treatment. I want to do it anyway, somewhere around spring, like a spring cleaning. I put myself back on Alinia, this 500 mg twice a day. It has very pleasant side effects that I have more energy, and I sleep better. For other people, it may have different side effects. I think those two things, the chloroquine phosphate and the nitazoxanide, I think, will be worthwhile trying.

I have a list of the things that you should do, with the hand washing and that you, when you're coughing and sneezing, definitely you should wear a face mask. There are different opinions on whether healthy people should wear a face mask, whether it protects themselves or makes things worse. There are very good arguments on both sides of the fence. There's a discussion about whether non-symptomatic people should wear face masks to protect themselves or not. There are arguments on both sides. If you sniff in a few viral particles and wear the face mask, it will work as a breeding ground on the inside of the face mask for this virus, and you're more likely to get the infection. But it will keep some of the viral particles out and protect you to a certain degree. It could go either way.

You see me here. I'm not wearing a face mask. I may change my mind on this one, but I do think everybody who is coughing or sneezing is obliged to wear a face mask as long as they're amongst people. That's very clear.

I wanted to get to treatment, what we do at the Sophia Health Institute. We had no confirmed cases of this virus here because once you confirm a case with the PCR test, we have to send them to the ICU, to one of the hospitals where the death rate is 60%. That puts me in a moral conflict. Should we try to make the diagnosis with the PCR test to know for sure, or should we avoid it? I think you hear my dilemma there. Until the hospitals become reasonable and use treatments that work, right now, it looks like a death trap.

Anyway, there's certainly a stage of the illness, the lung infection, when people can't breathe, when they need to have oxygen when they need to have respiratory help and maybe even some external pumping of the chest to get them through. Then they need to be in the hospital.

But until then, hospitals are not a great place. We advise people to treat themselves at home. That's number one.

Published in a Chinese journal was the method that they developed in a particular hospital that has a lot of cases with it. They experimented with intravenous vitamin C, seeing a huge cure rate, a remission rate of this illness.

I was stunned at the dosages that they're using. They call it High Dose Vitamin C Treatment, but it was actually between 50-200 mg per kg. That averages out that the whole IV for somebody my size, it would be 3.5 grams of vitamin C. That's a high dose, already, and if they go high, it's 7.5 mg. That's 100 mg per kg. Very very occasionally, they had to go to 200 mg per kg, and that results in an IV of really, ultra-high dose vitamin C of 15 grams. There will be a shortage of vitamin C because this knowledge has leaked out. If you want to be prudent, usually, we get 25-gram bottles of vitamin C, and you can easily prepare two IVs from a 25-gram bottle. So everyone gets 12.5 grams, which by Chinese measures, is a huge dose. This is given three days in a row as a fantastic treatment that, according to the hospital records, has helped a lot of people.

There is other literature I have on this PowerPoint if you can get it from Klinghardt Institute. There is a clinical trial that has been approved between the US and China to look for a solution. It's a clinical trial on vitamin C, but they haven't even started to recruit patients, so they're obviously waiting until an antiviral pharmaceutical wins this race. Then I have literature cited here from the Orthomolecular Medicine Group. This is a group that really has started the treatment of chronic illness and illness with vitamin-based products. Jonathon Wright and other people are the pioneers in this, and they published a consensus paper, On The Early Large Dose Vitamin C Treatment. However, early large-dose intravenous vitamin C in this group means more like 50 grams or 75 grams. The actual observational study in China was done here, on average, about 7.5 grams.

I had the fortune to talk to one of the staff members from that hospital, and they said, based on their observation, they put everybody prophylactically on two grams of regular ascorbic acid, two grams of vitamin C powder, which is very inexpensive. You can get it here in the US very freely in every health food store. That's what we do with our employees. Everybody takes two grams of vitamin C. Ideally, it's one gram, twice a day, but if you want to be really super high, you do two grams, twice a day, which we know by our standards is still pretty low. They found, in the hospital where the vitamin C study was done, they found that the staff didn't get ill when they were on this prophylactic dose. I cannot confirm that. I'm not saying that's going to save your life, but I think it's stupid not to do it.

I have the reference here on Alinia. Alinia is usually just given when we do it prophylactically, for patients who are in our fields, that have a high risk of exposure, you get 500 mg twice a day. You can do that easily for a month or six weeks without running into trouble. The chloroquine is a harsh drug, lots of side effects, and I wouldn't use it prophylactically. I would use it if lung symptoms come. I would consider doing that.

I want to talk a little bit about HOCL. I mentioned before that the possibility of picking up the virus through your hands or through your face or through your clothing is pretty high. You cannot really spray Lysol on your best shirt in order to disinfect it. You could not spray Lysol into your shoes if you had any exposures on your socks because it will simply burn a hole in your shoes and your socks and your skin. We were looking for a disinfectant that is more on the biological side. One of the first lines of defense from our white blood cells is the production of hypochlorous acid. It's a chlorine compound. It's also known under the name HOCL. It's the chemical formula.

There are several companies that make HOCL as a liquid, as a spray. We use the one from Biotech. They have found a way of stabilizing this usually unstable compound that's stable, at least for months and months. We use an off-label use with this. First of all, when I get in my car, I spray the handle. I spray the key. I spray the steering wheel. If I go to a restaurant, I spray the plate in front of me, the fork, the knife, my hands, my face. I do that throughout the day, many times. The beauty of this spray is, it has a preference for killing pathogens and does not harm your own resident flora that you need so badly to defend you. It's insane to overdo the hygiene and wash off all the beneficial bacteria and fungi and viruses that you have naturally on your skin that are protecting you. HOCL, for us, has emerged as the ideal preventative tool. You can spray it in your eyes and your nose and your ears. You can spray it in your throat.

We have, and this is a true off-label use, pioneered inhaling it with a nebulizer. I use a handheld nebulizer from a British company called Omron. It's battery-driven, and it uses ultrasound to nebulize the substance in it. When you fill the little chamber, it takes about 15 minutes of inhalation. We've had experience over the last five years with it, using it in seasonal flu, pneumonia, lungworm, and other situations where the lungs were very serious. It had a phenomenally positive effect, adding that into the treatment.

That's the external protection. Then the goal becomes, how do we protect people internally? On this page, you see a list of some of the leading herbal remedies that have been published in the context with other severe coronaviruses, including SARS, which has been more lethal than this one so far. I'll take you just through it, and then if you want to review the literature on it, just get the PowerPoint from Klinghardt Institute.

The first one is Calendula. It's an old French herb that many of you have used over the years for the seasonal flu, but also for the healing of wounds. It's a fantastic regenerative herb. Then licorice. Some of you who are my patients know that we've been using licorice extensively in the last few years because it's been published to be very effective for Epstein-Barr and for retroviruses and recently also, it's emerged as a good treatment for Lyme disease. We have a lot of our patients already on it, and BioPure U.S. makes an excellent organic form of licorice. It's a tincture, and it's delicious. You can put it in your coffee. You can put it on your whatever, wherever you want things to be sweet.

A big one is Scutellaria. Scutellaria and the extract of it, baicalin, emerged in the early days of HIV as a fantastic retroviral treatment. As I said before, there are some retroviral aspects to this virus, which is not a retrovirus. I put a study here that shows that rosemary, certain parts of rosemary, rosmarinic acid, had a fantastic effect on the known coronaviruses similar to COVID-19.

Then I should maybe just go through the bottom here. First, Artemisia annua is an old standby antiviral that's absolutely fantastic, and it works fantastic for SARS. Anything that was good for SARS, we right now have to assume is also going to be effective here. Artemisia annua, the extract of that, artemisinin, got a Nobel Prize in Medicine 2015. We've been using this extensively in the treatment of Babesia and other aspects of Lyme disease. Artemisinin, the extract that's also available from BioPureUS.com, artemisinin is what got the Nobel Prize for the treatment of malaria, but there are many studies now that show both artemisia and artemisinin are effective for a large variety of viruses and for retroviruses and for aspects of Lyme disease and so on and so forth. Read the article Identification of Natural Compounds with Antiviral Activities Against SARS Associated Coronavirus. Highlighted here is Artemisia annua.

Now there are two herbs that I want to highlight. One is dandelion. If you get really stuck, and you're broke at home, and you're isolated, you go out in the garden, and you pick a dandelion. Eat as much as you can. This article highlights the effect dandelion has on the lungs. When their lungs are failing, and they're getting into respiratory distress from pneumonia, whether it's viral or parasitic or bacterial, the dandelion has a dramatically positive effect on that. I just like to put that here first.

Then the big player in this whole thing is Andrographis. There are three studies that I have here. What is consistent in the studies on Andrographis, when you have people with respiratory failure that looks exactly like the one that's described with COVID-19, Andrographis has been a miracle, an absolute miracle remedy. Andrographis is the main ingredient in the quintessence. That's a tincture that BioPure has. It was originally designed for the treatment of Lyme disease, but all the aspects of all the herbs in it are equally effective for RNA viruses and are promising to be very effective for the coronaviruses, especially for this one.

One of the articles goes very deeply into how it affects NF-Kappa B and other inflammatory markers, especially the cytokine storm, that is what people have died from with COVID-19 when the lungs start acting up. You get these infiltrates in the lung, and then you get these huge immune reactions, the cytokine storm, that kills people. Andrographis is the most promising drug to stop that. I do recommend making an equal mix of using the quintessence, should be half the amount, and the other half should be a mix of calendula, licorice, Scutellaria, rosemary, and dandelion. You put this all together in a blender and then add some phospholipids to it. It's a delicious drink that people take throughout the day. I'm very confident that it will hugely curb the infection rate, and make this illness take a mild course in the people that are affected by it. Of course, primarily, I developed it only for myself because I'm in that age group that's most affected.

Now, I do want to say something about the idea that this virus group is for human destruction. Typically, flu viruses are lethal to the older age group and people with chronic severe illness and children. This virus is different. It just tackles older people. It has a taste to it. Is this a virus groomed to reduce the population that's considered a burden on society? Every one of us who's 70 or older is considered a write-off, and a burden to Western society. If somebody has created a virus that gets rid of that population, and it looks like it's natural, it has a taste to it. We would probably never know.

Here's the real thing that we do. We take a blender. I calculate my weekly amount of these tinctures. I put them all together in there. I put the appropriate number of vitamin C, the amount of vitamin C in there, so I have a little bit more than two grams a day. Then I add from BioPure, the phospholipids to it, and then blend it. It creates a slightly milky looking delicious tasting liquid. I recommend all of you should do some version of that.

There's a couple of other big ones. Propolis. Numerous studies on propolis, but I highlighted one here on being very effective for the coronavirus, for one of the coronaviruses. It's a fairly recent study. It's covered here, but I think it was just last year. What they did in this study, it's an animal study, I think, on dogs. They vaccinated dogs against, with a trial of a vaccine against the coronaviruses, and the dogs had some antibody response. Then in another subgroup of dogs, where they added in propolis on top of that, found that these animals had a dramatically increased immune response to the vaccine. That means propolis enhanced the resistance towards the coronaviruses dramatically.

We are recommending Ki Science very strongly. Ki Science makes a propolis vaporizer that vaporizes propolis at 82.5 degrees. It has to be exact at that temperature. It creates a monomolecular vapor that fills the air, gives it a very pleasant, gentle aroma, and the propolis particles are highly negatively charged. The coronavirus is highly positively charged. They

attach to each other, and it becomes a nontoxic entity. We can clean up the air in homes of viruses, dust particles, mold mycotoxins, and other things that are floating around in the air. That is, I think, a must for most homes. Whatever you're inhaling with this will have this immune-enhancing, very specific against coronaviruses, activity.

All this said, we don't know if this is a natural occurring coronavirus that we deal with, and all the things that we know so far should apply, but if it's man-made and tweaked in a certain way, some of the things may not apply.

Vitamin D, there's a big controversy in the papers. Should we give high doses to everybody? My take on that, based on clinical experience, is that we clearly observe throughout the population when we support people with high dose vitamin D, they are healthier, fewer cancer rates, less viral infection rates. This is regardless of the status of the vitamin D receptor, of the genetic profile. We use ART to titrate to high normal levels. In the lab, people should be on the high end of normal in the reference ranges, given it's safe for us physicians to give that advice. There is a team of physicians in Brazil, the Coimbra Protocol, that go up to one million units of vitamin D every day in the treatment of MS and some other chronic illnesses, and found that to be extremely safe. I think some of the fears that are out there are unjustified and based on poor science. Vitamin D3 should always be combined with a little bit of vitamin K.

Our mentor, Marco Ruggiero found that combining vitamin D with chondroitin sulfate, has been a very excellent treatment for HIV, and other more serious viral illnesses, and is suggesting that everything known about it should apply to the COVID-19. I'm a bit more skeptical of chondroitin sulfate being used. ART testing doesn't test well for everybody, but if it does test well, people should take it and should use it. There are different, more manicured products that contain both vitamin D3 and chondroitin sulfate. I'm not going to mention them here because of the politics surrounding that.

One of the big hints that Marco Ruggiero gave us is the furin issue. Furins are ways of how viruses attach themselves to the cells. They need furins as an interlink in between, and blocking furins has been a huge policy in HIV treatment and in treatment of AIDS patients, leading to very grotesque regimes of multiple drugs to achieve that. I penetrated the literature a little bit and found out that most of the furins were derived after a natural herb has been found that blocks the furins. Then the pharmaceutical industry tried them for 20 years to find patentable aspects of this compound.

There's a whole slew of anti-AIDS, anti-HIV drugs out there that block the furins, but the substance that they started out with was Andrographis. I mentioned it before, the same Andrographis that is so fantastic for the cytokine storm and for lung involvement. Any source of Andrographis is desired. I prefer the quintessence from BioPure because it has surrounded the

Andrographis with some other factors that make it more smooth and better absorbable, but any form of Andrographis could be lifesaving right now.

There are several ways to deal with a viral epidemic. The first one is to prevent herd infection by massive social isolation. I think it's ridiculous that the only people that are socially isolated, the children, are the ones that don't get this illness. There's some mistake in thinking that. Yes, we all love our children. We want them to be safe, but they are already safe. This virus is not targeting children. If you have a child with leukemia on immunosuppressive therapies, they should be socially isolated. I think it's a mistake to close the schools and force the parents to give up working and moving towards bankruptcy and all the social, horrible things that happen from that.

If we all were socially isolated, all hospitals would be closed. All doctor's offices would be closed. There would be no IV vitamin C. There would not even be oral vitamin C, and there would be no food because nobody shows up at work. There would be no deliveries from Amazon, either, because the drivers wouldn't be there. There wouldn't be any electricity or water because all these utilities depend on people actually working there. Social isolation is a shortsighted idea.

Let's look at the other option. Prevent infection with a vaccine. Let's look at the flu; the track record of success is fairly poor with the mercury-containing flu vaccines. Typically, vaccines come on the market after the illness is gone. I wanted to make that point here. There's something not understood in viral illnesses that the exception was really HIV.

With all the other viruses, when the flu comes, without ever there being an effective treatment, the flu eventually goes. Have you ever seen a flu stay? Not in my 70 years that I've been around. The flu comes, and for unknown reasons, it goes. The flu is one of the coronaviruses.

Coronaviruses have the tendency to come, stay for a little while, and then go. What if you didn’t do anything? Would this thing just go away? The only exception for what hasn't gone away and that puzzled us when it came around was HIV. HIV behaved differently. It came and stayed. There are some things to think about. We're all afraid. If there's a vaccine hurried through the regulatory agencies right now, we're all going to be forced to be vaccinated, and God knows what else is going to be in that vaccine. You know my opinion on that. I'm all for vaccines, but for healthy vaccines.

Then prevent infection by using a non-topic prophylactic treatment. I think that is the most do-able approach. By giving up the idea that there must be a patentable pharmaceutical that only one company can sell, then they'll market it, and then everybody has to go on that, so far,

that has failed. We still today have no effective drug for herpes sauster. We have no effective drug for Epstein-Barr. We have no effective drug for herpes type six, but we have very effective naturally occurring compounds based on plants for all of these viruses.

What should I think as a physician? I'm observing now almost 50 years of practice. For 50 years, we have not gotten any solution for the simple herpes simplex virus that actually works. What should make me trust that suddenly, for this virus, which is much more severe, that within the next few weeks or months, we are suddenly going to have an effective antiviral?

I'm not a dreamer in that way. It's not going to happen. Yes, there will be a drug, and it will be heavily marketed. It's not going to work. That's my prediction. So, my take is we should prevent the infection by using nontoxic biological agents, that's the one thing I've outlined, plus the spray to clean the skin.

Experience the illness if you still get it, but make it mild. Cover yourself with vitamin C and D, and it's a recipe for a successful strategy. With the social isolation and the things that are recommended to us, it is going to stretch out this illness for a year or two or three rather than letting it happen naturally, where it will be over in two months or three months, like the flu.

What is in the way? That nobody makes any dime off the prophylactic treatment, and so these things will be pushed. People will be dying in hospitals rather than offered IV vitamin C, so we have a problem there.

The fourth option to treat with viral epitomes is to let the infection happen, and support the system during the illness, which is really no different from option number three. I want to be real with you. The financial and social consequences of the current outbreak are really astronomical. No one with a normal mind can grasp what that can mean for the next two months or the next future. Are we all going to lose our homes? Is this going to be mass starvation, or is this going to blow over? We don't know. I do think there is a disconnect that the government has with us people who are actually working on the front lines, to find solutions like the vitamin C solution and several herbs, that the government will not implement. They will have millions of people die, if it comes to this, rather than offering those options that are not patentable. This is what we've come to as a Western society.

The good thing is, in China, many hospitals are using the vitamin C strategy, so far, very successfully. There are other societies that deal differently with this that are not so corrupted by special interests. I believe if the current knowledge about nontoxic antiviral strategies is used together with common-sense preventative measures, we will get through this in a few months. Most viruses adapt and mutate with us instead of dying with us. The viruses, they have no

intention of killing us. They want to live with us, and actually want to extend our lives, because when we live long, they live long. Usually, these illnesses become milder and less aggressive in time.

That's all. I'm wishing you guys all well, and hope that this blows over. I'm going to take some questions now, and I may ask Christine to help me with that.

Dr. Christine Schaffner:

Hey, Dr. K, thanks for that webinar. Dr. Klinghardt, some of our patients, are listening, and they are on the disulfiram protocol. They're wondering, "Does Disulfiram have any protective effect or any pearls or tips for the patients on disulfiram?"

Dr. Dietrich Klinghardt:

I wanted to point out that we are offering, at the Sophia Health Institute, a streamlined process of long-distance testing. We have a German biocomputer where we can analyze your voice and through the voice analysis, make the diagnosis of many illnesses, but also can establish very solid treatment protocols. I just wanted to insert that here.

The disulfiram treatment has an instant paralyzing effect on the Lyme Spirochete, and the Lyme spirochete in our experience has been the most impairing agent that impairs our immune system. For this viral outbreak that we have, we need a functional immune system. Those of you who have Lyme disease, which we are going to think are all of you, the predictor whether you're going to live through this illness or not is the amount of untreated Lyme disease that you have in you. My current opinion is that all of you should stay on the disulfiram, but probably lower the dose to a low maintenance dose of about, it's going to be somewhere around 25 mg a day as a milder dose. It is enough to keep the Lyme from blocking your immune system. It may not be enough to eradicate Lyme from the system, but it is enough to take the Lyme out of the equation so we can attend to other things.

That is currently my firm opinion. Now, until we actually have a COVID-19 patient that we can test, I cannot answer that question 100%. We can only deal with assumptions based on experience with similar things.

Dr. Christine Schaffner:

Beth is asking, "Do you think the coronavirus is going to reactivate later in the future like herpes and Epstein-Barr?"

Dr. Dietrich Klinghardt:

That's a very good question, and it's something nobody knows. Let's put it this way. If this virus is man-made, it definitely has man-made aspects to it, but they may just be from an experiment, not groomed for a particularly destructive purpose. If there's a sinister purpose built into it, if it's either made for warfare, or for population control, it could easily be that it has an insert in it that gets activated in a few months, a few years, or even a few decades to then have a life-limiting aspect to it. There is that suspicion. It's in the literature. In an Indian paper. It's in there, and there are some other papers, but that suspicion is there that they found in the genome of this bug, that is suggesting there is a long term element in there. That it's not going to be evident in the first round of illness, that there maybe is a second wave of this illness that may occur months or years later. We don't know.

I personally, based on what I see, I don't believe that it's true, but it could be. I'm not holding my breath, but some of you who are my patients know that, as a prophylactic suggestion, we want everybody to be on the EN-V tincture from BioPure that has all the antiretroviral herbs in it with the right plant adaptogens that are extracted. It's a powerful tool to prevent the retroviral from growing. If they're in there, there's going to be a small amount. If we treat early, it's going to be, most likely, successful. If you wait for a big retroviral illness to emerge later on, it could look like an autoimmune disease or like cancer or similar to AIDS that can emerge in a couple of years. It's best to be prophylactic and take antiretroviral medicine.

Dr. Christine Schaffner:

Dr. Klinghardt, I don't think you mentioned that HOCL could be nebulized. There are a few questions about maybe how to treat the lungs or lung prevention and how we can use HOCL in a nebulizer.

Dr. Dietrich Klinghardt:

I did mention it, but I'll say it again. I personally use a handheld, battery-driven nebulizer. I get mine from a company called Omron. It's about $150. They're not cheap. You fill that little chamber. It holds I don't know, either three or five ccs of HOCL, and I use the isotonic HOCL. That gets beautifully vaporized through the little mesh that's on the other side of the instrument. The inhalation for the whole amount takes about 15 minutes. That's something people can easily do while they're driving to work. You can do it on the bus or the train. Ideally, do it while you're amongst other people because it will protect you at that moment from whatever's coming from them.

I think everybody should have an inhaler like that in the pocket. If you fear you've had exposure, let's say you were on the bus and somebody next to you coughed and sneezed. You think, "Oh, my God, now I'm exposed." The first thing you want to do is spray your face. Spray your eyes.

Spray your hands. Spray your mouth. Following it as soon as possible with an inhalation will put a big security blanket underneath you.

Dr. Christine Schaffner:

Then there's a lot of questions about travel, flying, and being in groups. I know you shared your thoughts in the end, but maybe just reiterating. You fly a lot, so what are you going to be doing?

Dr. Dietrich Klinghardt:

I'm flying because I really like flying. I have to do a lot of long-distance flying, and I think flying used to be one of the safest places. Unfortunately, now in most planes is wi-fi, and I know that wi-fi facilitates the spread of this illness. I can't prove it yet, but there's a place in me that recognizes truth, and I know right now, the most dangerous flights are the internal flights in the US because that's where the planes are so hardwired for wi-fi. I think it's absolutely important that people wear protective clothing when they're flying. I personally think that the exposures in the plane to mycoplasma, and to other things, are far more worrisome than the exposure to this virus.

We don't know yet. If one person is in there that coughs and sneezes, that's a different thing. People have this high awareness now. People that are coughing and sneezing hopefully don't fly. If they fly, hopefully, they wear protective mouth guards. It's probably going to be okay. I do trust right now my prophylactic strategy. We'll see in a year if I'm still here, it worked. If not, then I was wrong.

Dr. Christine Schaffner:

Can you comment on if the flow cream is a strategy for the COVID-19? Marco did a talk last week that everyone has access to. It's on our website, SophiaEducate.com. There's a question about that.

Dr. Dietrich Klinghardt:

The Sophia Flow Cream has become a big part of pretty much every treatment that we do. We showed years ago that one overlooked part of ME is lymphatic restriction. ME is the overall covering name now of Myalgic Encephalomyelitis. It's the new word for chronic fatigue and fibromyalgia. It is called ME. One of the key symptoms of that, is a restriction of the lymphatic outflow from the jaw, from the face, from the brain, and the venous outflow. The viruses and bacteria settle in the inner lining of the veins and of the lymphatics here in the neck. They have the highest concentration in the whole body and block the natural, necessary lymph drainage and venous drainage from the brain. Many of the brain symptoms like brain fog and insomnia and thinking problems and emotional problems come simply from these restrictions here.

We are pretty much clear that the COVID-19 is not going to be different. It's also going to settle in that area preferentially. Marco Ruggerio developed this wonderful cream for us that you apply to the front of the neck. It's called Sophia Flow. It has the precursors to several immune-modulating enzymes in there, that really drive any infection out of this area, and clear the veins and the lymphatics. There are three articles already in the peer-reviewed literature that show the dramatic effect of this on that. One of them was on autistic children and showed huge benefits. There was Professor Antonucci in Italy. He found this cream more effective than any other biomedical intervention for autism. We've been using it for all of our patients with brain fog. I think it's a huge advance in our medical arsenal. There is no question that the precursor to GCMAF, which is worked into this cream, is one of the most promising antiviral and antiretroviral strategies posed. It's a huge part of our protective suggestions that we recommend for every patient.

Dr. Christine Schaffner:

This is a question I had this morning. Someone's asking about lomatium as an antiviral. Have you seen any research on lomatium and COVID-19?

Dr. Dietrich Klinghardt:

Yeah. Lomatium is interesting. Lomatium is a Native American herb, and there's a bit of American tragedy attached to this. In the 1800s, the Americans were known to rub blankets on children that were infected with the measles, and then hand them compassionately to the Native Americans, knowing that the Native Americans had no prior exposure to the measles and in their genes, no immune response capability to the measles. It's estimated that over a million Native Americans died from the measles. It was their shamans, their healers, that found lomatium to be protective and healing of that, as a potent antiviral. Now, I'm not sure if the measles virus is in the same category if it's an RNA virus or a DNA virus.

We do know, from having used Key 5. It's a product from BioPure US. One of the five is lomatium, and it's a very, very powerful antiviral. So far, we've used it for Epstein-Barr. We use if for herpes type six successfully. Well, we also used it for vaccine-related incidents that we had, suggesting it's also effective for retroviruses. I have no doubt that lomatium is going to be effective for many of the coronaviruses. I have personally not searched for this. I haven't gone to the library.

Patients should know this, that Google and Facebook are very rapidly eliminating all the studies that show that COVID-19 can be treated naturally. Google is now pretty much owned by Merck, Big Pharma. Big Pharma is trying to create the impression right now there are no solutions other than the vaccines and the antivirals that they're going to be coming up with.

With lomatium, I think Key 5 is a very intelligent combination of five less known antiviral herbs that are very powerful. I would strongly consider it, but we need to see it.

Dr. Christine Schaffner:

That's also in the Viressence, too, the combination. Well, Dr. Klinghardt, I know you have, I think, three more patients to see tonight, so we don't want you to be at the office all night. Thank you so much for your time and all of this information. We will be sending all of this information out and digesting some of the questions and try to get you as many answers as possible. I know this is a unique time, but we're here to support everyone and empower everyone right now, so thank you.

Dr. Dietrich Klinghardt:

Christine, let me say something else. Instead of stocking up on sardines and bags of rice at home and drinking water, I would strongly suggest you contact maybe Sophia Nutrition or BioPure to create a little pharmacy at home where you have these things ready. If push comes to shove, when the vitamin C thing becomes more popular, it's probably not going to be available. Get yourself a couple of bottles of vitamin C, a couple of drips, and the supplies that are needed for that. Stock up on the herbs that are recommended. Stock up on the HOCL, and you'll be fine.

You just have to be proactive with this. Just be proactive. Some of you were around at Y2K; we were all stocked up on food and on different things. None of us ended up feeling sorry for it. It was a great exercise. This is a similar time now, but the requirements are slightly different. Don't take this virus easily. This is a virus. When people get lung involvement, it's a serious player. It's not mild.

Dr. Christine Schaffner:

All right. Good night, everyone. Thank you so much. Thank you, Dr. Klinghardt. We will be in touch soon with everyone. Thank you.