# CORONAVIRUS
# VACCINE SURVIVAL GUIDE

**Urgent answers to 3 critical questions...**

**Plus, full details on new options you may not hear from your doctor**

# INTRODUCTION

It was an election year. A new, deadly virus was spreading. People were starting to panic.

Some doctors believed the outbreak had the potential to be the worst since the 1918 flu pandemic that killed 675,000 Americans.[i]

The president didn't want to shut down the economy. He saw a vaccine as the best hope to end the crisis. So he issued an emergency order to develop a vaccine faster than one had ever been produced before.

Sound familiar?

The year was 1976. Gerald Ford was president and the swine flu was about to sweep across the country

Some researchers predicted a million Americans would die.[iii]

## But no one was prepared for what happened next— And, as you will see, we are standing at a similar crossroads right now

In this special report, I want to show you what's really at stake with the **vaccine mayhem** that's about to ensue.

I want to show you **what life will look like over the next six months**…

Prepare you for the **difficult decisions** ahead…

Show you why the government could take away your freedom to choose at all…

And most importantly—

Reveal new options you will not hear from your doctor.

Options that could save your life.

But first, I want to show you why now, more than ever, we need answers to the hard questions. Like…

***Are you getting the FULL story on the vaccine?***

Already there is **one critical fact** about the new vaccines getting lost in the headlines.

***And what if the country's rushing too fast, making decisions based on fear…or worse, greed?***

Forbes estimates Moderna could add a staggering ***$35 BILLION*** **in revenue** to its bottom line, after all.

**But worse, what if that fear builds and builds until**...

## You don't even get a choice?

You either roll up your sleeve, take a chance on a rushed vaccine…

Or get shunned and locked out of everything you love.

My name is Amanda Angelini and I'm proud to serve as the director of the Institute For Natural Healing, an organization designed to fact-check mainstream medicine.

This network of doctors from across the country sees mainstream medicine for what it often is—

A multi-billion-dollar business that treats you like a sucker instead of a patient.

One that bullies patients into treatments and makes them feel "crazy" for asking questions or seeking other choices.

And right now, **this couldn't be more apparent**.

As you read this report, dosages of a fast-tracked vaccine are shipping around the country.

Pharmaceutical companies are racing to seal their legacy as, "**The biggest in *all* of Big Pharma…"**

But in this special report created by our researchers, you will get the answers to **3 critical questions**.

Plus **one big fact** about the coronavirus vaccines getting lost in all the headlines.

Because while every media outlet is heralding them as a beacon of hope out of the pandemic crisis… there are important facts you have a right to know...

## And you should be free to make up your own mind.

First, I want you to know—

"Headline News" will make you feel crazy for second-guessing a fast-tracked vaccine. But if you are, know that you're not alone. No one wants history to repeat itself…

Remember the eerily familiar story I told you at the beginning of this presentation? In 1976, President Ford rushed a swine flu vaccine to the public. Experts assured everyone it was ready.

So 45 million Americans lined up to get it.

And only then was **a devastating side effect discovered**.

A small, but significant number of recipients developed a paralyzing condition called Guillain-Barre syndrome.

The vaccination program was quickly halted, but the damage was done.

450 people were paralyzed. Thirty people died.

Small numbers—yes. But consider this fact: That outbreak of Swine Flu ended up killing just one person.

So in this example the vaccine actually did more harm than the disease itself.

**President Ford gets the swine flu vaccination.**

Obviously, the coronavirus has already done much more harm than Swine Flu, so the potential for the coronavirus vaccine to help more than harm is much greater.

But, this isn't the only example…

Take the polio vaccine. Today it's considered a huge success, **but there's one part of this triumph story that's rarely told.**

Cutter Laboratories, the company who produced the vaccine, made a terrible mistake in its first version.

**It accidentally produced shots containing live polio virus**…and injected 120,000 children with it.

70,000 kids were infected with polio, crippling 164 and killing 10.

## Is history repeating itself right now?

So far, thankfully, the answer is NO.

However, the coronavirus vaccines are being rolled out far faster than either the polio or swine flu vaccines.

A vaccine can take up to 15 years to develop, go through long-established safety protocols, and produce enough doses for the public.

Big Pharma, along with the U.S. government's help has done it in *less than 9 months*.

On top of that, at the time of this report, 64 different coronavirus vaccines are in human clinical trials.

**So your choice will be complicated to say the least.**

**That's if you *get* a choice.**

Legal precedent for mandatory vaccination has already been set thanks to a 115-year-old Supreme Court ruling on the smallpox vaccine.

So it's in their power.

And right now, schools, airliners, and entire states are asking whether the vaccine can be forced upon the public.

With a new administration taking over, the urge to declare victory over the virus will be at fever pitch…so **forcing a vaccine on the public is entirely within the realm of possibility.**

It's a terrifying concept, especially when you consider how the government and public health experts have stumbled through this pandemic every step of the way, with so many unknowns…

Remember, we were told we didn't have to wear masks, now in many places, it's mandated.

Some believed the warmer months should kill the virus, then summer saw infection rates skyrocket.

We were being advised to quarantine our mail and sanitize our groceries. Now none of that seems to matter and, instead, we're being told we need to keep away from our loved ones.

And Big Pharma? They've proven time and time again they'll sacrifice lives for profits and this could be the biggest cash cow in the history of medicine!

## That's why I'm sharing this critical information with you today…

No matter what they tell you—it's your right to ask questions. And to choose how you protect yourself and your family.

That fundamental right of all Americans is what drives the work of *The Institute for Natural Healing.*

Our expert board of health professionals and doctors has been monitoring the spread of the coronavirus from the very beginning.

And now that multiple vaccines are available—**we want to arm you with answers to critical questions none of the "powers that be" seem to be willing to address**…

Starting with…

# PART I

# The 3 critical questions we need to ask and more...

### 1. Can you really trust the 90%+ coronavirus vaccine effective rate being touted by Big Pharma?

This bombshell fact was published in *Time Magazine*, but somehow flew under the radar of the mainstream media outlets falling all over themselves to promote the new vaccines.

But the *Time* report shows a twist you're never going to hear from Big Pharma.

The truth is, companies like Pfizer and Moderna use the term "effective rate" *very liberally*.

Both measured their vaccines to prevent COVID-19, **not stop infection from the virus**. People had to have at least two symptoms of the disease before they could get tested.

But some reports estimate **one in five people are asymptomatic**—and these people would likely never be tested to begin with.

That means the study didn't actually compare how many infections there were between those getting the vaccine or a placebo.

**And up to 20% of the people who received the vaccine *still* could have been infected!**

That's a pretty glaring omission to consider when putting out a 95% effective rate.

### 2. And what about safety?

As of our latest update to this report, just 3 of the coronavirus vaccine front runners have been granted emergency approval. They have either completed or nearly completed the third and final trial, which tests on thousands of patients for efficacy and safety.

You may have seen the headlines in December about the Pfizer vaccine completing their Phase 3 trial. It was published in the *New England Journal of Medicine*.

However, even then, they only accounted for 2 months of data following the first dose.

Phase 4 trials collect data on **long-term** safety and efficacy. And while all approved vaccine makers plan to continue to collect data… all anyone sees in the headlines is that they've completed Phase 3 trials and have been found to be safe and effective.

But we don't fully know how things will shake out over time.

But here's one thing we do already know…

**Even if the infection doesn't give you symptoms—the vaccine might.**

As *NBC News* reports…

"Scientists anticipate **the shots will cause enervating flu-like side effects, including sore arms, muscle aches, and fever that could last for days** and temporarily side line people from work or school."

And finally…

If effective rates still aren't fully known and longer-term safety data is incomplete…

### 3. Which vaccine—if any—is the best option for you and your family?

Before you get the shot, it's vitally important to educate yourself about what's going into your arm.

## The 4 Major Types of Coronavirus Vaccines

As of the publication of this report, researchers are testing at least 148 different coronavirus vaccines. More than 50 have advanced to human trials.

A vaccine works by imitating an infection. It fools your immune system into creating antibodies to the infection even though you don't have it.[xiv]

There are four main types of coronavirus vaccines in the works that do this in different ways:[xv] [xvi]

**Genetic vaccines.** These will be the first vaccines available in the U.S. They contain bits of coronavirus RNA or DNA. These pieces of genetic code for the virus can't cause a coronavirus infection, but they stimulate your immune system to make antibodies against the virus.

This is new technology. There are no previous human vaccines of this type. But genetic vaccines are used for West Nile virus in horses and melanoma in dogs.

The highly touted Pfizer and Moderna vaccines fall into this category, and are expected to be the first to roll out. But for months afterward, there will be only a limited number of doses available.

**Advantages:** Fast and inexpensive to make. Millions of doses could be produced relatively quickly. Trials show that Pfizer's genetic vaccine is 95% effective. Moderna's is about the same at 94.5%. (Though, as mentioned above, keep in mind these rates may not paint an entirely accurate picture.)

**Disadvantages:** This new type of vaccine has no track record. More difficult to distribute than other vaccines because they require super-cold storage.[xvii]

**Protein-based vaccines.** They are also called **subunit vaccines**. They use pieces of the coronavirus—proteins—to stimulate your immune system to make antibodies against the virus.[xviii]

Protein subunit vaccines are already used against hepatitis B, HPV, whooping cough, pneumonia, and shingles. Two vaccines being developed under Operation Warp Speed are protein-based vaccines.

**Advantages:** Proven technology that is well tested. They can be used in people with weakened immune systems. They can be made quickly.

**Disadvantages:** Immunity may be weaker than with other kinds of vaccines.

**Viral vector vaccines.** They use a harmless virus to carry a protein from the coronavirus into your cells. This stimulates your immune system to make coronavirus antibodies.

Examples of viral vector vaccines include those for HIV and Ebola. Viral vector vaccines are also used to vaccinate animals against rabies and distemper. Four vaccines being developed under Operation Warp Speed are viral vectors.

**Advantages:** Early testing has found these vaccines produce strong immunity.

**Disadvantages:** Although other previous vaccines use this technology, it is still relatively new without a long track record. Some researchers are warning that one type of viral vector vaccine could increase the risk for HIV. We'll tell you more about that in a moment.[xix]

**Whole virus vaccines.** They are being developed in Russia, China, and India. No vaccine of this type is included in Operation Warp Speed.

That means they will not be available in the U.S. for years, if ever.

They use killed, inactivated, or live coronavirus that has been altered so that it cannot harm the body. When you are injected with the inactive form of the virus, you develop immunity against the original disease-causing version.[xx]

Many childhood vaccines are this type, including measles, mumps, rubella, and chicken-pox. Some flu shots are also whole virus vaccines.

**Advantages:** Proven technology that has a decades-long track record.

**Disadvantages:** Whole virus vaccines can be dangerous for people with weakened immune systems. They have the potential to give recipients the disease they are intended to prevent if there are flaws in production that fail to inactivate the virus.

## The 3 Phases of Vaccine Testing

Before the FDA approves a vaccine, it typically goes through three phases of human testing:[xxi]

**Phase 1 safety trials:** Researchers give the vaccine to a small number of people to test safety and dosage. This phase is also used to confirm that it stimulates the human immune system. As of the publication of this report, nearly 40 coronavirus vaccines are in Phase 1 testing.

**Phase 2 expanded trials:** Scientists give the vaccine to hundreds of people split into groups such as children and the elderly to see if the vaccine acts differently in different types of the people. Phase 2 further tests the vaccine's safety and effectiveness. Seventeen coronavirus vaccines are at this stage as of this publication.

**Phase 3 large-scale efficacy trials:** Scientists give the vaccine to thousands of people. They wait to see how many become infected compared to people who got placebo injections. Phase 3 trials are large enough to reveal side effects that are relatively rare and might be missed at earlier stages. As of the publication of this report, 12 coronavirus vaccines are in final Phase 3 trials.

# Researchers Warn: One Type of Coronavirus Vaccine May Raise HIV Risk

In October 2020, a group of researchers issued a chilling warning about one kind of viral vector vaccine. They said it may increase a person's susceptibility to the virus that causes AIDS.

They published their findings in *The Lancet*, one of the world's most prestigious medical journals.[xxii]

The scientists say they discovered the risk in 2007 when working on an HIV vaccine that used viral vector technology.

The vaccine used a strain of the adenovirus. Adenoviruses cause the common cold, but the version used in the vaccine called adenovirus type 5 (Ad5) was believed to be harmless. The experimental vaccine used Ad5 to carry an HIV protein into the body. The idea was that the protein would then trigger the production of antibodies that would make the person immune to HIV.

But during vaccine tests in Africa, the researchers found that men infected by Ad5 actually had an *increased* risk for HIV.

Another trial in the Americas and Australia found the same heightened risk. The risk was further confirmed in an animal trial that tested the vaccine in monkeys.[xxiii]

Because of the findings, the vaccine was never given to the public.

The authors of *The Lancet* paper wrote**: "We are concerned that use of an Ad5 vector for immunization against coronavirus could similarly increase the risk of HIV among men who receive the vaccine."**[xxiv]

Dr. Lawrence Corey of the Fred Hutchinson Cancer Research Center is one of the authors. He said that people living in Africa where HIV is prevalent, or others who are at high risk for HIV, should think twice about getting an Ad5-based viral vector vaccine.

"If I were in a sub-Saharan African country and making a decision as to what I would want for my country for a general population use of a (coronavirus) vaccine, I don't see why I would pick an Ad5 vector vaccine when there are many other alternative choices," Dr. Corey said.

**Dr. Lawrence Corey: Beware of vaccines using Ad5.**

Despite the doctors' warning, two companies have received FDA approval to start human testing of Ad5 vaccines. One is being produced by a company called ImmunityBio. The other is by Vaxart, which is getting Operation Warp Speed support.

As of this publication, both vaccines are still in Phase 1 testing, so they won't be among the first available in the U.S. If they are approved, it would likely be in the second half of 2021 or later.

Ad5 vaccines are already being given to the public in Russia and China.

**There's no evidence that viral vector vaccines that use *non-Ad5* adenoviruses raise HIV infection risk.** These include leading vaccines from Johnson & Johnson and AstraZeneca that are already in final Phase 3 human trials.

Even if you did get an Ad5 vaccine, you would have to be exposed to HIV to get an HIV infection.

## Who's Winning the Vaccine Race?

The U.S. government's Operation Warp Speed program is supporting nine drug companies with more than $11 billion to come up with coronavirus vaccines.

The goal is to produce and deliver a vaccine to the American public by January. However, only a limited number of doses will be available until for several months afterwards.[xxv]

Other countries are also working on vaccines. The U.S. has decided not to partner with efforts by the World Health Organization or the European Union. That means the first vaccines available to Americans will likely be among the nine funded by Operation Warp Speed.[xxvi]

The two clear frontrunners are vaccines by Pfizer and Moderna. Both have completed final Phase 3 testing. And both companies have already produced millions of doses that are being distributed.

## Pfizer and Moderna: The First Two Vaccines

Unless there are unforeseen setbacks, vaccines from Pfizer and Moderna will be rolled out first.

The vaccines are similar. Both are genetic vaccines that use mRNA (messenger RNA) technology. They contain snippets of the RNA code for the spikes the coronavirus uses to invade human cells. Once injected, a person makes antibodies to the spikes. This makes the recipient immune to the virus.[xxvii]

Both vaccines require two shots given weeks apart. Neither was found to cause serious side effects.

Here's what we know about the two vaccines:

**Pfizer:** This vaccine was 95% effective in a Phase 3 trial. It was just a bit less effective in seniors at 94%. The two doses are taken three weeks apart.[xxviii]

The vaccine was tested in a final trial of 43,000 people. Half got the vaccine. The other half got a placebo. There were 170 cases of COVID-19 among the subjects. Of those, 162 had been given the placebo and eight received the vaccine.[xxix]

Ten people in the trial became severely ill with COVID. All were placebo subjects except one.

Mild to moderate side effects occurred in 2% of the people who got the vaccine. The most common complaints were fatigue and muscle pain that lasted a day or two.

Pfizer's is the first coronavirus vaccine to be tested in adolescents. To this point, it seems safe and effective in children as young as 12. So if you're looking for a vaccine for an older child, this may be a good option.[xxx] [xxxi] [xxxii]

One drawback: Getting this vaccine from the factory to people's arms could pose a major challenge.

It requires storage at minus-94 degrees F. Doctors' offices and pharmacies don't have super-cold freezers that get down that low. The vaccine lasts only five days in a regular refrigerator. Pfizer is designing boxes that will keep the vaccine cold as it's being transported.[xxxiii]

**Moderna:** This vaccine was 94.5% effective in a Phase 3 trial that included over 30,000 subjects. Its two doses are taken four weeks apart.

This may be a good option for people of color. Moderna's trial included more Black and

Hispanic people than trials for other vaccines. This is important because vaccines can have different effectiveness and safety profiles in people with different ancestry.[xxxiv] [xxxv]

So far, the Moderna vaccine appears equally effective and safe in all ethnic groups. [xxxvi]

Moderna's vaccine is easier to store and use than Pfizer's. Moderna's version can be stored in a regular freezer. And it lasts for 30 days in a refrigerator.

Like the Pfizer vaccine, Moderna's appears to prevent severe disease even when it doesn't stop a person from getting infected. And it seems to cause the same mild side effects of fatigue and muscle pain in a small number of recipients.

Together, the two companies estimate they will have 45 million doses, or enough to vaccinate 22.5 million Americans, by January 2021. However, Tthe vaccines are not expected to be widely available until spring 2021, at the earliest.[xxxvii]

A bright spot for both vaccines is that Pfizer and Moderna are being transparent about their data. Drug companies are usually hesitant to reveal details about their products for competitive reasons.

The transparency means that if there are problems with either vaccine, we should know about them, according to Professor Peter Doshi of the University of Maryland School of Pharmacy.

"They have opened up, for the first time, the ability for researchers not involved in the trial to form their own independent judgment," Professor Doshi said.[xxxviii]

**Professor Peter Doshi: Transparency is crucial.**

So far, reviews from experts have been positive. Dr. Anthony Fauci said the results reported by Pfizer and Moderna are "really quite impressive. Now we have two vaccines that are quite effective."[xxxix]

Even though these two vaccines are the first to be rolled out, they may not be the first available to you. That's because the limited early supply will go to healthcare workers, first responders, nursing home residents, and other high-risk people.

By the time the Pfizer and Moderna vaccines are widely available to the general public in spring or early summer 2021, at least three other vaccines may have FDA approval...

## The Second Wave

**Johnson & Johnson:** The company expects to seek FDA approval for its vaccine in January or February. It is one of the only coronavirus vaccines that requires only one shot.[xl]

Another bright spot: Johnson & Johnson's Phase 3 trial is one of the largest. It has 45,000 subjects. Other companies are enrolling 30,000-44,000 participants. The more participants, the more likely it is that any safety problems will be discovered before the public gets the vaccine

This viral vector vaccine does not use the Ad5 virus that has been linked to increased risk of HIV. It uses a strain called Ad26 that so far has shown no safety issues.[xli]

Johnson & Johnson had to pause its testing after a man who received its vaccination had a stroke. The company says it found no evidence the vaccine triggered the stroke and the trial resumed 11 days later.[xlii] [xliii]

Another possible red flag: Johnson & Johnson has been criticized for being less transparent about its trial data than other drug companies.[xliv]

On November 16th, Johnson & Johnson announced that they were also launching a second Phase 3 trial to observe the effects of two doses of their vaccine, instead of just one.

**AstraZeneca/Oxford:** This viral vector vaccine was found 90% effective in a preliminary analysis of its Phase 3 trial. It could become available in early 2021 if the results continue to be positive.[xlv xlvi]

The trial found only minor side effects such as fatigue and headache.[xlvii xlviii]

Like the Johnson & Johnson viral vector vaccine, it is not based on the Ad5 virus linked to HIV risk. It uses a chimpanzee virus called ChAdOx1. It requires two injections given a month apart.

AstraZeneca is being transparent about its data, publishing it in *The Lancet*.[xlix]

This transparency has raised a few flags, however. It has emerged that the low dose was only tried out on volunteers under 55, raising questions about how stronge the preliminary results were.

Despite these questions, the United Kingdom and Argentina gave the vaccine emergency authorization on December 30th. On January 3rd, India followed suit.

**Novavax:** As of this publication, this vaccine is finishing Phase 2 testing. Novavax is tiny compared to the other drug companies on this list. It has never brought a vaccine to market. But it got $2 billion from Operation Warp Speed after early tests showed its protein-based vaccine triggered strong immunity without major side effects.[l li]

Novavax is being transparent with its data. It is publishing its results in the *New England Journal of Medicine*.[lii]

If trials continue to go well, it may be available before mid-2021.

## 4 Others in the Pipeline

Operation Warp Speed is funding four other vaccines. They may be approved by the FDA at some point in 2021, although they are not as far along in testing as the others we've already mentioned.

**Sanofi/GlaxoSmithKline:** This protein-based vaccine is based on the same design the company uses for its widely distributed flu shot called Flublok. It is set to enter Phase 3 trials. If it goes well, the vaccine could get FDA approval by the middle of 2021.

**Inovio:** As of this publication, this genetic vaccine is just starting Phase 2 testing. Instead of being injected with a needle, it is delivered into the skin with electric pulses from a hand-held device.[liii]

In early testing, subjects had mild pain from the device. But unlike other vaccines, subjects did not suffer side effects like headaches or body aches. And it showed a 94% effectiveness rate.[liv]

**Merck:** This non-Ad5 viral vector vaccine uses vesicular stomatitis viruses to create immunity for coronavirus. It's the same approach Merck uses for its successful Ebola vaccine. As of the publication of this report, it is in a Phase 1 trial.[lv]

**Vaxart:** This vaccine is unique because it comes in pill form. It worked well in animals and is now in Phase 1 human trials.[lvi]

**This is a viral vector vaccine based on the Ad5 virus.** As we explained earlier, some researchers are fearful it could increase HIV risk.[lvii]

## More vaccine facts to consider…

It's easy to be a vaccine skeptic. As we've told you, previous rush efforts to produce vaccines, such as with swine flu and polio were disastrous.

But when done right, vaccines are one of the most potent—and safe—weapons against infectious disease. Some of mankind's deadliest health scourges have been brought under control thanks to vaccines.

Prior to vaccines:

- **Smallpox** killed 400,000 people a year in Europe alone. Thanks to the vaccine, it has been eliminated to the point that vaccination is no longer necessary.[lviii]
- **Diphtheria** took the lives of more than 15,000 American children a year. Now it is rare.[lix]
- **Rubella** caused 11,000 American children to be born deaf, 3,500 born blind, and 1,800 born mentally disabled in a span of just one year in the 1960s. By 2004, rubella was declared eliminated from the U.S. because of the vaccine.[lx]

A vaccine is also our best hope to eliminate COVID-19. And for many of us—especially if we are over 65, are overweight, have diabetes, or have other risk factors—getting a vaccine may carry far less risk than remaining exposed to coronavirus. This is especially true if we regularly come into contact with people outside our household.

Here are three important factors to consider before you get a coronavirus shot:

## What does the effectiveness and safety data look like?

If the more than 90% effectiveness rates for the Pfizer and Moderna vaccines are confirmed and they continue to show few side effects, they may be the best option for most of us. That level of effectiveness would put it on par with other successful vaccines, such as those mentioned above.[lxi lxii]

Besides overall effectiveness, be sure to look at how a particular vaccine works in subjects like you. Check to see how safe and effective it is in people in your age range, ethnicity, and health situation. The FDA says it will post this information on its website.

*Parents may want to wait until there is more safety data before getting younger children immunized.*

Of the first vaccines that will be available in the U.S., only Pfizer's has been tested in children. And its trial was limited to kids 12 and over.[lxiii]

Vaccines can affect children differently than adults, notes Dr. Yvonne Maldonado. She is an infectious disease specialist with the American Academy of Pediatrics.

"Children are not little adults," she said. "We must have studies showing (coronavirus vaccines) are safe and effective in children as well as adults." Vaccine safety data for children under 12 may not be available until the second half of 2021.

In addition to preventing infection, a vaccine may be beneficial in another way. Even when it fails to stop people from getting infected, it may make their illness milder. This appears to be the case with Pfizer and Moderna vaccines.

So when you look at a vaccine's effectiveness information, don't just look at infection rates. Check

hospitalization rates as well. That will tell you if a vaccine prevents serious illness.

## Was Phase 3 cut short?

FDA commissioner Dr. Stephen Hahn has said his agency may authorize some vaccines *before* final Phase 3 trials are complete. If this happens, it's a danger sign.[lxiv]

**Dr. Eric Topol: I don't know if there's ever been a more important clinical trial.**

Drug companies may say that they are cutting Phase 3 short because a vaccine is working so well that they have enough data to give it to the public.

Dr. Eric Topol says you shouldn't buy that argument.

He is a professor of medicine at Scripps Research. He said it's crucial that all vaccines go through complete Phase 3 testing.

"Take the time, the extra weeks," he said. "No shortcuts. Nobody will regret it. I've been doing clinical trials for decades. I don't know if there's ever been a more important one than this one. I'd like to see it done right and not stopped early."[lxv]

Both the Pfizer and Moderna vaccines have completed Phase 3 trials.

## How is it working in others?

As we mentioned earlier, the first vaccines will be in short supply. The FDA has said they will be rolled out in four stages.

The first people to get them will be frontline health-care workers, first responders, and nursing home residents.

Next are all other seniors and essential workers.

The third group is young adults and children, who are believed to be fueling the pandemic through asymptomatic transmission.

The final group is everybody else.

Unless you are in the first group, you'll be able to look at the safety and effectiveness record of vaccines in people who got the shot before you.

Another crucial factor to consider is how long the immunity from a vaccine lasts.

Normally, vaccines are not approved until they show they can protect for a year or two. But because of the urgency of the pandemic, coronavirus vaccines are being approved after being tested for only a few months. If vaccine protection starts to wear off in early recipients, you may want to consider a different vaccine…or not get the vaccine at all until one shows more durable immunity.[lxvi]

One more thing…

Misinformation and conspiracy theories about coronavirus vaccines abound on social media. A recent Northwestern University survey found that about a quarter of social media users believed false claims about the coronavirus. Beware of vaccine information you get from Facebook, Twitter, YouTube, Snapchat, or Instagram.[lxvii]

We often disagree with mainstream medical organizations. But they likely will be the most reliable source for detailed information about vaccines.

These groups include the Centers for Disease Control and Prevention (CDC), the World Health Organization (WHO), and the Food and Drug Administration (FDA).

## Can You Get More Than One Vaccine?

There may be as many as a dozen different coronavirus vaccines available to Americans over the next year or so. You might be tempted to get the first one that comes out, figuring that if a more effective one comes along later, you can get that one as well.

There's probably nothing unsafe about doing that. But Dr. Jay Levy says there's a good chance you'll be stuck with the level of immunity that you got with the first vaccine.[lxviii]

It's because of something called the "Doctrine of Original Antigenic Sin."[lxix]

"The concept is that if you are given a less effective vaccine and then later you are given a better one, your body might not respond to the stronger one," Dr. Levy said. "Your immune system thinks it's getting the same vaccine and won't improve the response."

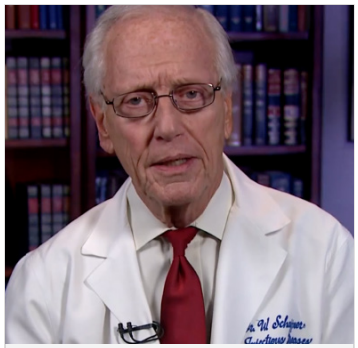
In other words, you could get stuck with a vaccine that has 60% protection when you could have had 90% if you had waited for a better vaccine.

Not all researchers agree that the doctrine will hold true for coronavirus vaccines. But Dr. Levy believes the mere possibility is reason enough not to jump at the first vaccine you're offered if it doesn't offer strong protection.

"So the message is, you don't want to rush into this," Dr. Levy said. "We want to make sure we've got as good a vaccine as we can get."

## Why You'll Need to Keep Taking Precautions for a While

Post-vaccine life will not go back to normal immediately, according to Dr. William Schaffner. He is an infectious disease specialist at the Vanderbilt University School of Medicine.[lxx]



**Dr. William Schaffner: Post-vaccine life will not go back to normal right away.**

We'll have to continue with masks, distancing, and disinfecting "for quite some time," he said.

That's because after the FDA approves the first vaccines, it will take months to produce and distribute them.

And there's another consideration: Most vaccines require two doses taken three or four weeks apart. So it will take a month or longer after your first shot to get immune protection. In the interim, you'll still want to take precautions. And in Part II of this special report, we'll give you details on some safe, research-backed ways to protect yourself and your loved ones.

# PART II

# 5 promising approaches you will not hear about from Big Pharma or mainstream medicine

## #1: The misunderstood mineral that one COVID-stricken M.D. credits with bringing him back to life

When Dr. Ananda Prasad and his wife Aryabala became infected with the coronavirus, friends and family of the Detroit-area couple were devastated.

Dr. Prasad is 92. Aryabala, also a doctor, is 93. For people that old, COVID-19 can be a death sentence.

But Dr. Prasad is no ordinary 92-year-old.

He is considered the world's foremost authority on zinc's role in human health. It is largely because of his pioneering work that you can buy zinc supplement lozenges to help treat colds.

Aryabala had milder symptoms, but Ananda was severely ill. He suffered overwhelming fatigue and lost his appetite. "I felt so weak," he said.

His family urged him to check into the hospital immediately.

"They were very worried," Dr. Prasad told our researchers when we reached him at his home in Bloomfield, Mich. "After all, I'm 92. They all wanted me to go to the hospital."[i]

But he wouldn't budge.

"I knew that if I went into the hospital, I wouldn't get the treatment that I wanted," he said. "They would give me an antiviral drug and who knows what else. They wouldn't let me take zinc.

"I also knew that no one would be able to visit me. If the worst happened, I would have to die alone. That was unacceptable to me.

**Dr. Prasad accepts a Congressional Commendation for his pioneering work on zinc.**

"So I decided to stay home and treat myself."

He would put his life's work to the ultimate test. He would try to save himself—and his wife—by using zinc.

He did not arrive at this decision lightly. And we certainly don't recommend that the average person refuse hospitalization for COVID-19. But Dr. Prasad's choice was the culmination of a lifetime of medical research, many dozens of studies…and a chance meeting with a dwarf.

## The Dwarf Who Changed Nutritional Science Forever

When Dr. Prasad started researching zinc, it wasn't even acknowledged as an essential mineral. Mainstream nutritional scientists believed a person could get along perfectly fine without any of it at all.[ii]

His work on zinc started in 1963. Dr. Prasad was in Iran helping establish a new medical school. There he met a male patient who was 21. But he looked like a 10-year-old.

The man not only was short, but he had severe anemia and was susceptible to infectious diseases. He hadn't gone through puberty. Doctors could not figure out what was causing his condition.[iii]

Dr. Prasad was surprised to discover that 11 other patients at the hospital suffered from the same condition. In fact, the strange form of dwarfism was common in many parts of the Middle East.

The condition was so prevalent in Egypt, that it was considered an epidemic. Sufferers typically died before reaching their mid-20s. And no one had any idea what caused it. No medical textbooks mentioned it.

Dr. Prasad wondered if the problem might be nutritional. He learned that virtually all the dwarfs had diets that consisted almost entirely of bread with a small amount of vegetables.

They didn't eat meat or seafood, the source of most dietary zinc. What's more, a substance in bread called phytate binds with zinc and prevents it from being absorbed in the body.

The more he examined the patients—and the more he studied what zinc deficiency did to animals—the more Dr. Prasad became convinced that lack of zinc was causing their condition.[iv]

Dr. Prasad wanted to give the dwarfs zinc supplements, but at the time, no one produced them. So, he made his own.

When he gave the homemade supplements to the patients, the results were immediate. The dwarfs started growing rapidly. And they regained their health. Some grew 6 inches in the first year after taking zinc.[v]

"I couldn't believe it," Dr. Prasad said.

Dr. Prasad had saved their lives and, as you'll learn in a moment, perhaps his own life as well.

## "I Think He's Losing It"

You might think that Dr. Prasad's zinc treatment would have been immediately hailed as a medical triumph. But it wasn't.

Despite the incredible results, some scientists questioned his findings. They refused to believe that zinc deficiency could occur in humans.

"It was controversial," Dr. Prasad said. "Some of my colleagues told me that I had become a lunatic to think that

zinc was needed by humans."[vi]

But he pressed on. Zinc became the focus of his career. He published study after study showing that zinc was crucial for a wide range of biological functions.

Finally, in 1974, the National Academy of Sciences declared zinc an essential nutrient. Dr. Prasad was vindicated.[vii]

What came next in Dr. Prasad's career may be even more surprising.

In the course of his work with the dwarfs, he learned that zinc, besides being important for growth, also has a powerful influence on immunity. He figured it might help against the common cold.

Doctors have been searching for a "cure for the common cold" almost as long as there have been doctors. So when Dr. Prasad, now working at Wayne State University in Michigan, proposed a clinical study testing zinc as a cold remedy, he was met with skepticism.

He asked Professor James T. Fitzgerald of the University of Michigan to help him perform the trial.[viii]

"When I first heard this, I actually told my research assistant: 'I think he's losing it,'" Professor Fitzgerald said.[ix]

But after looking at Dr. Prasad's earlier work, he agreed to collaborate. They found 199 people in the Detroit area with colds. They gave some zinc lozenges. The others took a placebo lozenge.[x]

Neither the subjects nor the researchers knew who was given the real thing and who was taking a placebo.

**Professor Fitzgerald: "I was stunned by the result."**

"Lo and behold, when I did the analysis, zinc indeed did shorten common cold symptoms by about two or three days," Professor Fitzgerald said. "I was stunned by the result."

## Zinc's Effect on the Immune System

After Dr. Prasad's success, other researchers examined the immune effects of zinc. They confirmed his findings that zinc effectively fights the cold virus.[xi] [xii]

And after the coronavirus pandemic spread, they began to look at whether zinc might be used to combat it.

In its July 2020 issue, the journal *Frontiers in Immunology* published a comprehensive review of research on zinc's immune effects and its potential use against coronavirus. The article cited more than 150 studies, including six by Dr. Prasad.[xiii]

It concluded that zinc:

- **Helps prevent viruses from entering the body** by strengthening mucus membranes and the lining of the respiratory tract.
- **Inhibits viral replication inside the body.** It helps prevent viruses from reproducing.
- **Balances the immune response to reduce inflammation.** Zinc helps prevent the so-called "cytokine storm" caused when the immune system overreacts to the coronavirus. This out-of-control inflammation is fatal in some COVID patients.[xiv]

Dr. June McKoy is a professor at the Northwestern University Feinberg School of Medicine. She said that zinc helps in another important way. It enables your body to produce more infection-fighting white blood cells.

"If your zinc levels are low or insufficient, you won't have sufficient white blood cells to fight your infection," Dr. McKoy said.[xv]

Dr. David Hafler is a professor of neurology and immunology at the Yale School of Medicine. "It's very clear," he said. "If you are zinc-deficient, your immune system will not function as well."[xvi]

## Low Zinc Doubles COVID-19 Death Risk

It's settled science that zinc provides immune support. But does it actually prevent and/or treat COVID-19?

At this point, there is no way to know for sure. That's because zinc has not yet been tested in clinical trials against the coronavirus. However, several recent studies shed some light on the question.

They show that **COVID patients with higher levels of zinc do better than those with lower levels**.

Researchers in Spain presented one such study at the European Society of Clinical Microbiology and Infectious Diseases conference on September 23.[xvii] [xviii]

The scientists tested the zinc levels of 249 hospitalized coronavirus patients.

The researchers found that **patients with low blood levels of zinc had a 2.3 times greater risk of dying than those with higher levels**.[xix]

The study concluded that each unit increase in zinc reduces the risk of death in COVID patients by 7%.

Two other recent studies—one in Japan and the other in India—had similar results.[xx] [xxi]

Researchers at New York University looked at what happens when COVID patients are actually treated with zinc. Their findings were published in the September 2020 issue of the *Journal of Medical Microbiology*.[xxii]

The scientists examined the medical records of 962 patients hospitalized with COVID-19 in the New York area.

- 521 of the patients received standard care. At the time, this consisted of the malaria drug hydroxychloroquine and the antibiotic azithromycin.
- 441 of the patients got the same care, **plus they took zinc sulfate supplements.**

The scientists found that **the zinc group had a 44% lower chance of dying**.

You might think that this study is definitive evidence that zinc works as a coronavirus treatment. But it is a *retrospective* study. In other words, the researchers looked back at how the patients were treated and examined the outcomes.

This kind of study is considered inferior to clinical trials in which data collection begins after treatment. Clinical trials are still needed to determine zinc's effectiveness. At least four such trials are ongoing.

## Researcher Bets His Life on His Life's Work

Nobody is more familiar with the immune effects of zinc than the man who discovered them. When Dr. Prasad became infected with COVID-19, he was willing to bet his life on his life's work.

After refusing to go into the hospital, he and Aryabala began taking 50 mg of zinc a day. They also took 200 mg of hydroxychloroquine. (Early in the pandemic, it was thought that hydroxychloroquine might be effective. But after several studies showed it did not work against coronavirus and caused heart problems, the FDA revoked its authorization for use in COVID-19 patients. [xxiii] [xxiv] [xxv] [xxvi])

Dr. Prasad at work.

At first, Dr. Prasad wondered if he had made a terrible mistake by not going to the hospital. He felt awful.

"For the first five days, I didn't get any better. But I decided to continue the treatment," he said.[xxvii]

"On the seventh day, I got my energy back. My appetite came back. I came back to life."

Today, he feels fully recovered. So does Aryabala.

At age 92, he is still working and has an office at Wayne State University. He has applied to the FDA to start on a clinical trial testing zinc in coronavirus patients. But when we spoke to Dr. Prasad, the FDA had still not responded to his application.

## Zinc Deficiency Is Surprisingly Common

Lack of zinc is not just a problem in developing countries such as Egypt. About 12% of adults in the U.S. don't get enough of the mineral. But seniors are far more likely to be deficient. One study found that about **40% of older Americans lack zinc**. And of course, older people are exactly the group most at risk from coronavirus.[xxviii] [xxix]

Why are so many seniors deficient?

It's because as you get older, your body loses the ability to absorb zinc. So as you age, you need more of it to avoid a deficiency.

## 7 Foods High in Zinc

You can get zinc from a wide variety of foods, mostly meats and seafood. Here are seven excellent food sources of zinc:[xxx]

- **Oysters**, 52 mg per six oysters
- **Beef chuck steak**, 30 mg per 10 ounces
- **Chicken**, 5 mg per thigh and leg piece
- **Pork chops,** 4 mg per 6 ounces
- **Lentils**, 3 mg per cup
- **Oatmeal**, 2 mg per cup
- **Shiitake mushrooms**, 2 mg per cup

But the most reliable way to make sure you get enough zinc is to take a supplement. This is especially true for vegetarians because foods highest in zinc come from animal sources.

Look for supplements that contain the **zinc gluconate** form. It is more active than other zinc compounds. Typical doses are up to 50 mg a day for immune support.

As part of his treatment for COVID-19, President Trump took zinc and vitamin D. (See the next article for more information on vitamin D.)[xxxi]

Zinc supplements are considered safe. Side effects are rare and generally mild. Some people do get an upset stomach after taking it.[xxxii]

Let's be clear… *Zinc is not a cure for COVID-19.* As we mentioned earlier, clinical studies testing the mineral in COVID patients have not yet been completed. But zinc does support immunity. And if you test positive for coronavirus, you shouldn't hesitate to talk to your doctor about taking it.

Adds Dr. Prasad: "We have found that zinc is absolutely safe. It is a powerful element that controls many facets of immunity."

We asked him if the thought had occurred to him that he might not have survived COVID-19 if he had not met that zinc-deficient dwarf many years ago.

"It's absolutely true," he said. "If I had not done those studies on zinc, I might not have treated myself with it and I might not be alive today."

## #2: The easy, 3-step technique to "washing away" deadly viruses

Dr. Bo Stapler does it twice a day…

He goes into his bathroom, takes a squirt bottle of saltwater, and puts the nozzle to one nostril.

Then, while standing over the sink, he rinses the inside of his nose. He repeats it with the other nostril.

Dr. Stapler was plagued by sinus infections and allergy attacks for years. But he hasn't had a single one since he started his daily nose-rinsing ritual.

And he noticed something else… He's more resistant to upper respiratory infections such as colds.

**Dr. Bo Stapler: Nose rinsing fights upper respiratory infections.**

"In March, my wife and two children had upper respiratory infections, but I never had any symptoms," said Dr. Stapler, an internal medicine physician with St. Vincent Hospital in Butte, Montana.[i]

His personal experience—along with recent studies—have led Dr. Stapler to believe that nose rinsing (also known as nasal irrigation) could potentially be very useful during the coronavirus pandemic. And he's not the only one to consider the possible protective benefits of this simple technique against upper respiratory viruses, including the coronavirus…

The *Journal of the American Medical Association* (JAMA) is among the most widely respected medical journals in the world. In July, it published a collaborative research paper looking at nasal irrigation and its hypothetical effects on the coronavirus. The analysis was written by scientists at the Washington University School of Medicine and Oregon Health & Science University.[ii]

It was titled: ***Benefits and Safety of Nasal Saline Irrigations in a Pandemic—Washing COVID-19 Away***.[iii]

Can you actually "wash away" the coronavirus?

We all know that washing your hands can help you stop from getting infected. But can you wash the coronavirus out of your nose?

Research suggests it's very possible.

The *JAMA* analysis found that nasal irrigation appears to fight the virus two ways…[iv]

When a coronavirus infection first takes hold, the virus is concentrated in your nose, the researchers said. As the infection grows, it moves down into your lungs and other parts of your body. Early in the illness, while the virus is largely confined to your nose, nasal rinsing may significantly reduce your "viral load," according to the analysis.

Your nasal passages are lined with mucus (what most of us call snot). It traps inhaled viruses, bacteria, and other particles that can make you sick. The study noted that "nasal rinses physically disrupt the viscous surface layer, removing the mucus and its associated particulate matter."

In other words, nasal irrigation washes away your snot along with the germs in it. This "decreases viral burden through physical removal," the scientists wrote.

The second way that nasal rinsing may combat the coronavirus is by hydrating the nasal lining, according to the *JAMA* paper. This reduces inflammation and helps cilia function better, the researchers said. Cilia are hair-like projections in your nasal passages that filter out germs.

The study found that using a saline nasal rinse can help to "reduce viral severity and further transmission."

The analysis concluded: **"Nasal irrigations should be encouraged for patients and health care workers."**[v]

Let's be clear: Nasal irrigation has not yet been tested in COVID-19 patients. However, in June, researchers launched two separate clinical trials to do so. One is being conducted at Vanderbilt University. The other is at the University of Edinburgh in Scotland.[vi] [vii]

Until the patient trials are complete, researchers' current conclusions about nasal irrigation's potential effectiveness against the coronavirus are hypothetical. That's because they rely on lab studies and previous findings showing that nasal rinsing works against other similar viruses.[viii] [ix]

Dr. Stapler points to one such study published last year in the journal *Nature.* It tested nasal irrigation in patients with coronaviruses—not the same strain that's causing the pandemic—but viruses in the same family that cause less serious respiratory infections including rhinoviruses and the influenza virus.

It looked at 66 people with upper respiratory infections. Thirty-one percent of them had coronaviruses. Another 56% of the participants had rhinoviruses, which cause the common cold. The rest had flu viruses.[x]

Half the subjects started doing daily nasal saline rinses within 48 hours of feeling symptoms. The other half, the control group, did no nasal irrigation.

The patients in the nasal rinse group—including those with coronavirus strains—reported milder symptoms. They got better nearly two days faster. And they were less infectious. They were 35% less likely to spread their illness to others around them.[xi]

This study was performed *before* the pandemic took hold. After coronavirus hit, the researchers went back to

re-analyze their data to see if their findings justified recommending nasal irrigation for COVID-19 patients. In June, they published their conclusion in the *Journal of Global Health*.[xii]

They wrote: **"Saline irrigation and gargling should be considered as a treatment option for COVID-19."**

In a moment, we'll discuss whether gargling may also be helpful during the pandemic. But first we want to tell you about another surprising way nasal rinsing can keep you safe from germs.

The *Journal of Global Health* study looked at what happens on a molecular level inside your nose when you rinse it with saltwater. The scientists noted that the epithelial cells that line your nasal passages fight viruses by producing hypochlorous acid from chloride ions.[xiii]

Hypochlorous acid is the active ingredient in bleach. Epithelial cells produce it in amounts strong enough to kill viruses, yet not so strong that it burns human tissue like bleach does.[xiv]

Saline nasal irrigation may facilitate the natural production of hypochlorous acid by epithelial cells by supplying chloride ions in the form of saltwater, the researchers said. The study noted that lab experiments show that chloride ions inhibit a wide variety of upper respiratory viruses, including coronavirus.

## "It Has Been Shown to Work for a Multitude of Viruses"

Other recent studies provide more evidence that nasal irrigation could be potentially beneficial:

- A scientific paper published in the June 2020 issue of the *Journal of Dental and Medical Sciences* found that nasal rinsing "is an inexpensive and simple preventive and therapeutic measure in all cases of upper respiratory tract infections."

  It concluded: "**In the absence of a suitable vaccine or an antiviral agent for SARS-CoV-2 (the scientific abbreviation for the COVID-19 virus), we can recommend regular (nasal irrigation) as a safe and effective intervention that can be implemented globally."**[xv]

  A review on nasal irrigation and COVID-19 published Aug. 15 in the journal *Clinical Medicine & Surgery* also noted that nasal rinsing reduces viral load.

- The study concluded: **"We should implement quickly and effectively non-pharmaceutical interventions including nasal irrigation and oral rinse to reduce the burden of COVID-19."**[xvi]

- An analysis published in the journal *Lung India* noted that nasal irrigation has a long track record in effectively treating upper respiratory infections.

- It concluded: **"Since it has been shown to work for a multitude of viruses, logically it should work for COVID-19 as well. As we await a definitive therapy to fight the pandemic, this relatively safe technique may be a ray of hope."**[xvii]

None of these studies found any adverse effects from nasal irrigation when done correctly.

## Vietnam's Secret Weapon Against COVID

Dr. Amy Baxter cites low COVID death rates in Southeast Asia as evidence that nasal irrigation works. She is a clinical associate professor at Augusta University Medical College of Georgia.[xviii xix]

Vietnam has had just 30 COVID-related deaths. That's only one in 3.1 million. By comparison, the U.S. has suffered more than 180,000 deaths, a rate of one in 1,800 people.

*Americans are 1,722 times more likely to die from COVID-19 than people in Vietnam.*[xx]

**Dr. Amy Baxter: Southeast Asia suffers few COVID deaths.**

Why the massive difference?

In Southeast Asia, nasal rinsing is considered a routine part of daily hygiene, just like bathing or brushing teeth. In Vietnam and neighboring countries "nasal irrigation is practiced by 80% of people," Dr. Baxter said.[xxi]

She explains the potential effectiveness of nasal rinsing this way:

When you breathe in coronavirus, it first infects your nose. There, the virus reproduces, increasing in number. "It takes a while to create enough invaders to march down to the throat, then the lungs," she said.

"During five days of non-smelling, headache, and/or sore throat, imagine flushing the whole works out twice a day. This gives the immune system time to figure out what it needs while reducing the enemy."[xxii]

Dr. Baxter recommends nasal rinsing any time, but especially at the first sign of an upper respiratory infection.

## Why Children Aren't Hit Hard by COVID

Children rarely suffer severe COVID-19 symptoms. Dr. Baxter believes this fact is further evidence that the coronavirus uses the nasal passages as a "staging area" before attacking the lungs.[xxiii]

"Children don't develop full sinuses until their teens," she said. The larger the sinuses, the more area the coronavirus has to establish an infection…and the worse the infection will be. Children's small sinuses may protect them, she believes.

Conversely, people with larger sinuses are at higher risk for severe COVID, she said. "Males have larger (sinus) cavities than women. And the cavities are largest in people over 70," Dr. Baxter said.[xxiv]

Nasal irrigation may help men and seniors reduce their viral load to that of a child. "I believe strongly that nasal irrigation is the key to reducing progression of (coronavirus) symptoms and infectivity," Dr. Baxter said. [xxv]

## The Ancient Way to Breathe Easy

Nasal irrigation is not new. The practice is found in ancient Hindu texts that date back to 1500 BC.[xxix]

It was developed in India in the yoga tradition as a healing practice. Nasal irrigation is one of six yogic cleansing practices known as "kriyas."[xxx]

**Oprah holding a neti pot on her show with Dr. Mehmet Oz.**

Yogi masters believed that nasal rinsing led to clear breathing, which in turn led to clear thinking. By purifying the nose, a higher state of meditation could be achieved. In addition, yogis promoted nasal irrigation to prevent and treat respiratory illnesses.

While it was very popular in India, nasal irrigation didn't come to the West for thousands of years. In the meantime, it spread throughout Asia as a popular form of morning hygiene.

As many still do today, practitioners back then used a neti pot—which looks something like an Aladdin's lamp—to rinse the inside of the nose. Neti pots became more popular in the U.S. when Oprah Winfrey did a show about nasal irrigation in 2007.[xxxi]

## Can Gargling Reduce Coronavirus Risk?

If nasal irrigation reduces the amount of virus in the nose, can gargling do the same for the mouth and throat?[xxvi]

A lab study in Germany published in the August 2020 issue of the *Journal of Infectious Diseases* tested eight kinds of commercial mouthwashes against the coronavirus.[xxvii]

The researchers mixed each mouthwash with coronavirus particles and an interfering substance which was intended to recreate the effect of saliva in the mouth. The mixture was then shaken for 30 seconds to simulate the effect of gargling.

They then added a cell culture to the mix that is particularly prone to coronavirus infection. Three of the mouthwashes disabled the virus so it couldn't infect the cells. They were Listerine Cool Mint, Dequonal, and Iso-Betadine.

The authors concluded that using a mouthwash could make COVID-19 patients less likely to infect others.

The German researchers and another team in San Francisco have since launched separate clinical studies to see if mouthwashes reduce the amount of coronavirus in the mouths and throats of COVID-19 patients. The results of those trials are not yet available.

The bottom line?

At least for now, there is no clear evidence that mouthwash prevents users from getting infected or that it reduces coronavirus symptoms in people already infected. But research suggests it may help curb the spread of the virus to others. At the very least, it will freshen your breath, which makes wearing a mask more tolerable.[xxviii]

## The Time-Tested Natural Way to Beat Seasonal Allergies and Sinus Infections

In recent years, studies have shown that nasal rinsing not only treats and prevents respiratory illnesses likes colds and flu, but also helps chronic sinus conditions.[xxxii]

**Seasonal allergies:** Several studies have found that nasal rinsing reduces congestion, watery eyes, itching, and other symptoms of hay fever and other types of seasonal allergies.

Research published in the journal *Pediatric Allergy and Immunology* concluded that nasal irrigation eases symptoms to the point that allergy sufferers can reduce the amount of medication they take or even stop taking it entirely.[xxxiii]

A 2012 paper published in the *American Journal of Rhinology & Allergy* analyzed 50 high-quality studies on nasal irrigation. It found that the practice improves allergy symptoms by 28%, reduces medication needed by 62%, and improves quality of life scores in allergy sufferers by 28%.[xxxiv]

**Sinusitis:** Chronic sinus inflammation can be brought on by sinus infections, growths in the sinuses, or by sinus swelling caused by breathing in irritants such as smoke or dust. A University of Wisconsin study found that daily saline nasal irrigation reduces the symptom severity of chronic sinusitis by an average of 64%.[xxxv] [xxxvi]

Many people with chronic congestion turn to nasal spray decongestants to clear their sinuses. A 2007 study at the University of Chicago tested nasal irrigation against nasal sprays to see which works better.

Researchers split 127 people with chronic sinus problems into two groups. Sixty-three subjects used nasal spray. The remaining 64 did nasal irrigation twice a day.

The patients rated their symptoms with a 20-question assessment called the Sino-Nasal Outcome Test (yes, it's abbreviated as "SNOT"). It asks patients things like how many times a day they had to blow their nose, how often they felt congested, etc.

After eight weeks, the nasal irrigation group had SNOT scores that were eight points lower than the nasal spray group. The odds of frequent nasal symptoms were 50% lower in the nasal irrigation group compared to the nasal spray group.[xxxvii]

Whether doing it for allergies or to fight respiratory infections, nasal irrigation is simple and fast.

## Nasal Irrigation in 3 Easy Steps

Dr. Mark Hoch is another M.D. who recommends nasal rinsing during the pandemic. He is an integrative physician based in Asheville, N.C.[xxxviii]

"Nasal irrigation is important because it washes the virus out of your nose," he said.[xxxix]

Dr. Hoch recommends this method:

1) **Mix six ounces of filtered or distilled water at room temperature with ¼ teaspoon of salt and a pinch of baking soda. (**As a simpler alternative, use a premixed saline solution. We'll tell you more about that in a moment.)

2) **Add the saltwater solution to a clean squirt bottle, bulb syringe, or neti pot.**

3) **As you tilt your head sideways over the sink, squirt or pour half the saline solution into your right nostril while breathing through your mouth. Let it run out the other side of your nose. Some may come into your mouth. This is normal. Repeat with your left nostril.**

**Using a neti pot for nasal irrigation.**


**Nasal irrigation attachment for Waterpik.**

Afterward, blow your nose gently. Do this twice a day.

You can make the process even simpler by buying a nasal irrigation kit. They typically come with a squirt bottle and premixed saline nose wash. **Nasopure**, **SinuCleanse**, and **NeilMed** are among the brands widely available at pharmacies and from online retailers such as Amazon.

A **Waterpik** can also be used for nasal irrigation. Sinus irrigator attachments for the teeth-cleaning device are sold at drug-stores and online.[xl]

Pour saltwater into the Waterpik reservoir and set the device on the lowest

pressure. Turn on the device, tilt your head, and insert the tip just inside your nostril. Let the water run out of your other nostril. Repeat on the other side.

To prevent the spread of germs, it's important that each family member have their own nasal irrigation equipment, which should be thoroughly cleaned between uses.

Dr. Stapler says that nasal rinsing felt strange at first. "The first time I tried it I felt like I was waterboarding myself," he said.

But he quickly became used to it. Not only has he not had a respiratory infection since he started rinsing, but he likes the feeling of a clean nose.

"It creates a fresh, easy-to-breathe feeling that I wouldn't want to go without," he said.

### Nasal Irrigation: The Ancient Health Solution Whose Time Has Come

We want to reiterate: **Nasal irrigation is NOT a cure for COVID-19.** Nor is there clinical proof that it can prevent you from getting infected.

But research published in the *Journal of the American Medical Association*, other medical journals, and top doctors say nose rinsing potentially may offer a safe and effective way to support upper respiratory health during the pandemic.

What's more, there is little risk. Study after study shows that saline nasal rinsing is free of side effects when done properly.

It's a natural practice that has kept people healthy for thousands of years. And today, this ancient holistic tradition may be more valuable than ever.

## #3: The common medicine you can get in any Target, Wal-Mart, or supermarket that could cut risk of COVID death in half!

A new study finds that people taking daily low-dose aspirin are almost 50% less likely to die from COVID-19.[i] [ii]

Some 29 million Americans take low-dose aspirin. Most do so to prevent a heart attack or stroke. But researchers at the University of Maryland found an important added benefit.[iii]

Among hospitalized COVID-19 patients, taking daily aspirin was associated with a:

- **44% lower risk of being put on a ventilator**
- **43% lower risk of being put in intensive care**
- **47% lower risk of death**

Dr. Michael A. Mazzeffi co-authored the study. He said aspirin may help COVID patients by thinning their blood. This prevents small blood clots that can worsen the disease.[iv]

"Patients diagnosed with COVID-19 may want to consider taking a daily aspirin as long as they check with their doctor first," Dr. Mazzeffi said.

You may not be able to take daily aspirin if you are at increased risk for bleeding due to ulcers or being on blood-thinning drugs.

"The good thing about aspirin is that it's one of the best-studied drugs in the history of the earth," Dr. Mazzeffi said. "We know it's not safe for everyone, but it's taken by literally hundreds of millions of patients, and it has a great safety profile."

## #4: The ONE thing healthcare workers are doing to "train" their immune systems to stop coronavirus in its tracks

As strange as it may sound, the flu shot may provide as much protection against coronavirus as it does against the flu.

That's the surprising finding of a new study that looked at health care workers who got the flu shot.[i]

Over the last decade, the flu shot has been anywhere from 20% to 60% effective against the flu, depending on the year.

Researchers in the Netherlands found that hospital employees who received this season's influenza vaccine were 39% less likely to get infected with coronavirus than their colleagues who did not get the flu shot.[ii] [iii]

It might seem odd that a vaccine designed to protect against one virus would work against another. But a growing body of research shows that it can through a process called "trained innate immunity."

Vaccines typically work by stimulating the adaptive immune system. This is the part of the immune system that makes antibodies that target specific germs.

But recent studies have found that some vaccines also boost the innate immunity. This is the part of the immune system that is less specific. It can fight off many kinds of infections.

Dr. Ellen Foxman is an immunologist at Yale School of Medicine. "Trained immunity does exist and can offer broad protection, in unexpected ways, against other pathogens besides what the vaccine was designed against," she said.[iv]

In a separate study, researchers in Italy also found that the flu vaccine is linked to coronavirus protection. They reported in the journal *Vaccines* that COVID-19 rates were lower in areas of the country where higher percentages of seniors got the flu shot.

And it may not just be the flu shot. Other vaccines may also provide some level of coronavirus immunity:

- Researchers at the Mayo Clinic found that **adults who had received any of seven vaccines over the past five years were less likely to test positive for coronavirus**. The shots included flu, polio, chicken-pox, MMR (measles-mumps-rubella), hepatitis A, hepatitis B, and pneumonia.
- A new study in the journal of the American Society for Microbiology found that **COVID patients who received the MMR vaccine got milder coronavirus symptoms**. The researchers found that the

higher a patient's antibody level from the MMR vaccine, the lower their risk for severe COVID-19.[v]

The study authors believe this may explain why children typically don't get severe COVID-19 symptoms. Children have higher MMR antibody levels because they were more recently vaccinated.

- Several studies have also found that **the tuberculosis vaccine is linked to lower coronavirus infection rates**.[vi] [vii]

The bottom line?

We're not suggesting you get the flu shot to shield yourself from COVID-19. But if you do get it, it will give you some level of immunity against the flu, even if it's small—and it might come with bonus protection against COVID-19.

## #5: The unlikely plant extract that researchers think may save COVID patients from deadly lung inflammation

CBD is one of the hottest trends in natural health. But new research suggests this extract from the hemp plant may help reduce the cytokine storm and excessive lung inflammation that is killing many COVID-19 patients, researchers say.[i]

Dr. Jack Yu is co-author of an animal study conducted at Augusta University in Georgia that looked at how CBD (cannabidiol) affects lung function.[ii]

"Our laboratory studies indicate pure CBD can help the lungs recover from the overwhelming inflammation, or cytokine storm, caused by COVID-19 and restore healthier oxygen levels to the body," he said.

Dr. Yu and his colleagues tested CBD in mice with lung inflammation. The animals were given CBD at around the same stage of severity that a human would begin to experience breathing trouble and likely seek medical care.

CBD quickly improved symptoms. Lung damage, such as scarring and swelling that is typically seen in COVID-19 patients, totally or partially healed.

The study found that CBD reduces levels of IL-6, an inflammatory molecule that is an important factor in cytokine storms.

Dr. Babak Baban, who led the study, said the results show that CBD "could be a powerful tool in treating acute respiratory distress syndrome," which is another name for cytokine storm.[iii]

He notes that CBD is also linked to inflammation reduction in other conditions such as arthritis and neuropathy.[iv]

The study concludes: "CBD may be used as a therapeutic candidate in the treatment of various inflammatory conditions, including COVID-19."

The research is preliminary. So be sure to check with your doctor before taking CBD for COVID-19.

# BONUS: The tried-and-true "sleep trick" that could be a surprising ally in the fight against COVID!

Melatonin could do more than help you get a good night's sleep. A new Cleveland Clinic study finds that the bedtime supplement may be a viable treatment option for COVID-19.[i]

Researchers found that people taking it had a 28% lower risk of testing positive for coronavirus. For African Americans, the benefits were even greater. Taking melatonin cut their chance of testing positive by 52%.[ii]

Melatonin is a hormone produced by your pineal gland. It is located in your brain. The pineal gland makes melatonin in response to darkness, which triggers sleep.[iii]

**Dr. Leonard Calabrese: Sleep is vitally important to immunity.**

Researchers don't know exactly how melatonin fights coronavirus. But they point out that many studies have found that getting enough sleep is crucial for proper immune function.

Dr. Leonard Calabrese is an osteopathic physician with Cleveland Clinic.

"Research shows that people who don't get enough sleep are more likely to get sick after being exposed to a virus," he said. "Lack of sleep can also slow your recovery if you do get sick."

One striking illustration was a study in which scientists exposed subjects to a cold virus. Those who slept less than six hours a night during the previous week were *four times more likely to catch the virus* than those who slept eight hours a night.[iv]

"Evidence overwhelmingly supports that our immune response is suppressed when we are sleep deprived," Dr. Calabrese said.

Melatonin dosages are typically 1 to 5 mg. It is considered safe. But some people have mild side effects such as headaches, dizziness, or nausea.[v]

Consult your doctor before you start taking melatonin.

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