Caspar (00:00):

The pandemic fundamentally changed our world, raising widespread concerns about the rapid development of a vaccine with limited testing. Our guest today is a well-known figure in the medical field, and one of the world's leading experts on COVID-19. He's been at the forefront of addressing the complexities of the pandemic and is a prominent voice in the conversation around post-vaccine injuries and detoxification strategies. This is the Story of Spike Detox Protocol with Dr. Peter McCullough. Dr. McCullough, so nice to have you on.

Dr. Peter McCullough (00:32):

Thanks for having me.

Caspar (00:33):

Well, I really want to get into the solutions that you're seeing, because of course we need to speak about that now that we have that. But I also wanna set the stage of the problem that requires these solutions. Now, a lot of the listeners here probably already know that the vaccine had a lot of adverse reactions, but can you set that stage of exactly what you are seeing with all of these adverse reactions?

Dr. Peter McCullough (00:59):

What we've learned, and thank you so much for having me on the program, is that the virus, SARS-CoV-2, has a very dangerous part to it. And that's the spike protein, that's the spine on the surface of the virus. This is the spike protein. The spike protein. Each, each virus has thousands, if not tens of thousands of these spikes. And the spikes themselves damage blood vessels, cause blood clotting, damage the heart, the brain. In fact, if these spike proteins didn't exist, it would be a very benign virus. Sadly, the spike protein was intentionally manipulated to be more infectious and more lethal in the Wuhan Institute of Virology, a joint US Chinese program. So this is a product of gain of function research. It's still going on, and people are greatly concerned. Now, the vaccines to make matters worse, COVID vaccines, Pfizer, Moderna, are the genetic code for the dangerous spike protein.

Dr. Peter McCullough (01:53):

Mm-Hmm. <affirmative>, which was the worst idea ever, is to provide the genetic code for the lethal part of the virus and then actually give the genetic code back to human beings. And it just, you couldn't, you couldn't find a, a worse strategy. Now the Pfizer Moderna are the genetic code for the spike protein, which produces the, the spike protein for an uncontrolled duration and an uncontrolled quantity of time. The adenoviral vector vaccines both off the market, Janssen and as, and AstraZeneca were adenoviral vector. So it's actually a, a, a, in a sense, a modified virus with a genetic code for the spike protein. And then the bodies produce it as part of this replicatory pattern there. So no messenger RNA, but still a lot of spike protein in the body. And we estimate many fold increased more spike with the vaccine than with COVID-19 itself.

Dr. Peter McCullough (02:50):

Now, Novavax, the third choice in the United States was just five micrograms of spike protein, and that's it. So as we sit here today with now, gosh you know, tens of thousands of manuscripts on the spike protein and the vaccines I'll just tell you my distillation is the most dangerous vaccines were Moderna, a hundred micrograms of messenger RNA for spike protein. Next was Pfizer, 30 micrograms. Then was Janssen, and the safest vaccine was Novavax. Novavax, no genetics at all, just five micrograms of, of spike protein. In the United States, roughly 75% of Americans took a vaccine, maybe 80% now, according to Rasmussen survey, CDC, and the COVID States program. Of those who took a vaccine,

94% took Pfizer Moderna because the CDC and NIH, the and the FDA, the official government sponsors of the program, they featured Pfizer Moderna preferentially over Janssen and Novavax.

Dr. Peter McCullough (03:54):

To this day, Novavax is still never mentioned by the agencies, and it's available. Now that means about 5% took Janssen and less than 1% took Novavax. What we're seeing today now is patients who took the vaccine, the vaccines didn't work. So they got COVID-19 anyway, and they've been super loaded with the spike protein. The spike protein does not appear to be readily cleared from the human body, and it accumulates, and we see very high antibody levels to the spike protein. Preclinical studies show the spike protein is correlated to the antibody levels. And now measurement of the total antibody levels quantitatively to SARS-CoV-2 spike protein, probably the most important test of medicine.

Caspar (04:40):

Now, the, the timeline of symptoms ranges, right, adverse reactions can happen immediately. We've seen some of those being, you know, posted and kind of featured in social media, but it also can affect someone later on. Is there a time period where someone would receive it, that you would say, well, it's not going to impact you, or is this, as you say, it accumulates and this can happen a year, two years down the line, maybe a decade down the line?

Dr. Peter McCullough (05:09):

I testified in Congress earlier this year. I told the committee that I think we have five to 15 years of worry after the last shot. Certainly after Pfizer, Moderna, maybe shorter with Janssen and Novavax, but five to 15 years because they are gene transfer technology platforms. We papers by cast RDA and Fertig have shown the messenger RNA is circulating the bloodstream for 30 days. That's as long as they've looked. Brogna and colleagues showed the spike protein is circulating in blood after vac vaccination for six months, could be longer. Bruce Patterson, IncellDx shows the S1 the outer segment of the spike protein after the natural infections in the body for 18 months. So I, I'm telling you, we're looking at a long-term situation, and because the vaccines don't work and people get COVID anyway we have a significant amount of the population right now that's potentially in trouble now of only about five to 10% of people feel sick.

Dr. Peter McCullough (06:15):

The majority of people who took the shots feel fine. Two papers now, one by Schmeling, the other one by Mankey show. You know, it's, it's, it's probably at least a third may have gotten essentially duds where they have no side effects whatsoever, and they've never had a problem with the shots. And, and if we look at the batch analysis, there are batches, thousands of batches of Pfizer and Moderna where nothing has happened. Not a single side effect. Hmm. Yet others are super loaded with injuries, disabilities, and deaths. It applies that each vial of the vaccine was, must have been different in some way.

Caspar (06:55):

So it's almost like you know, we were playing Russian roulette with this to start Mm-Hmm. <Affirmative>. And we were told that it required boosters that we needed more, that this would be like the flu shot, right? Seasonally, if not twice a year. You know, who knows what, I don't even know what the CDC schedule is now for the amount of boosters, but would it be safe to say that with each booster, the chance of receiving a side effect and accumulating more spike proteins rises greatly?

Dr. Peter McCullough (07:24):

You know, it's I have to kind of split that apart. Yeah. We learned through the Schmeling and, and Mankey papers that the most dangerous vials released were in 2021, for sure. And then they got safer. The companies must have changed the manufacturing. We know that the 2022 boosters and beyond, they actually coded for a more benign spike protein. So just by that virtue alone, they got safer. But the first two shots in 2021, the primary series, they were the most dangerous across the board. Then the first booster in 2021 was still the same vaccine. It was, it was no difference. It was just the third dose. Once we got to 2022, we had the booster for what's called the BA variance. And then in 2023 it was the XBB. And now in 2024, it's the JN variants. So these variants are progressively milder. Most people have had covid two or three times, and so we're left with, yeah, the shots are probably safer now, but it is further loading the body with spike protein. And as the spike protein accumulates, there's great concern that we're just gonna, gonna have just more and more new internal medicine problems.

Caspar (08:44):

Now, we've heard of myocarditis as you know, a big problem there, but another one I want to touch on because I feel like myocarditis has been talked about, good amount you've brought that to the forefront, is cancer. And I actually had Dr. Thomas Rau, who's an integrative specialist out of Europe, seeing a lot of European patients, and he deals with a lot of cancer saying what he calls a turbo cancer, even in younger people and others, this just cancer that comes outta nowhere super aggressive. He's attributing it and doing his own research, of course, and saying a lot of these, almost a hundred percent of the turbo cancer were vaccinated. And shortly thereafter, this happened. Do you have any comment on that? Because you've, you've talked about the relation with cancer as well,

Dr. Peter McCullough (09:26):

You know, in the package insert of of the 2021 vaccines. And I, I looked at this carefully. You know, there was I think one animal study that indicates no, you know, no risk for neoplasm, very short-lived, but a paper by Angues and Bustos from Portland. It is called the "Multi Hit Hypothesis of the COVID-19 Messenger RNA Vaccines." You point out that messenger RNA is suspected to impair DNA repair because it's a synthetic messenger RNA. That the spike protein itself impairs P53 and BRCA tumor suppressor systems. That's been shown by a modeling study at University of Pittsburgh. And then Pfizer Moderna been shown by four separate studies, actually now a fifth one in Australia to be contaminated with SV40, which is a known proto-oncogene activated simian virus 40 origin of insertion the promoter and enhancer.

Dr. Peter McCullough (10:35):

So these things have cancer potential, at least on, you know, on, on the books, on in terms of the, the mechanism. And if we think about cancer, especially solid organ cancers, let's say a kidney cancer or a lung cancer, it takes about five years from the very first cancer cell to having a clinically apparent cancer. It's just, you can't see the first few cancer cells until you get to something that's, you know, a centimeter in size on a CT, for instance. So the theory here is that people who already had cancer brewing took these shots, and then the shots really accelerated the cancer, particularly those with with ga with loss of function mutations in P53 or BRCA or other, you know, cancer tendencies. And so the apt term turbo cancer, and, and it fits, I've seen this in my clinical practice. I saw, you know, a close colleague take multiple shots and, and die of a kidney cancer within like a month. I mean, we just never, never see this. We just see the, the, the, the pace of the, of the cancer progression. And, and every cancer registry is up right now. National Cancer Institute statistics are up. And since 2021, the only new exposure we've had out there since 2021 that could be oncogenic, is the COVID-19 genetic vaccines.

Caspar (12:09):

Now, there, there's a number of people that would probably be quite worried. They took this uninformed, basically did not have informed consent, were maybe even pushed by the mandates. I know many people that were very against, but wanted to keep their jobs at that time during the pandemic received it perhaps aren't exhibiting symptoms yet, but worried. Is there any way you could test for spike proteins within the body?

Dr. Peter McCullough (12:34):

It's actively being pursued. Invitrogen has an assay, Neo7bioscience developing one with Somagen, many companies working on it. Right now we can accurately measure antibodies to the spike protein, which is a proxy for how much spike protein is there, and that's the conventional standard. In practice, we use the Roche Elecsys extended range assay. It goes from zero to over 25,000 arbitrary binding units. And we rely on this in practice, we've published on this less than one should be normal, one to a thousand should be low risk, and then above a thousand considerably higher risk for complications. Everybody should be asking for this anti-spike antibody test to be ordered so they can get a sense of where they are on the risk continuum. I can tell you clinically, when I see people at 15,000, you know, 20,000 over 25, they almost always have heart damage or blood clots.

Caspar (13:31):

And is this something that, that you're seeing people asking for in the general healthcare, you know, system, general practitioners actually doing? Or is this still kind of a reluctant, an unknown thing in the kind of medical community for using this test?

Dr. Peter McCullough (13:46):

We order it routinely in my practice. I can't speak for others, but I know patients are requesting it. You know, Labcorp offers it, the Quest, all the other major labs offer it. I think patients need to be activated and say, doctor I took the vaccines. I'm concerned I, you know, I want an antispike antibody test done. Now, the FDA has four reasons why we can order a test. One is screening and detection. The next is to make a diagnosis. The third is for prognosis, and the fourth is for management. And, and, and I would say that for sure, we use the antibodies for prognosis and management because we are employing a detoxification protocol, and we do wanna see the antibodies trail down. Now, they don't plummet when the spike protein, you know, as an antigenic stimulus is reduced, but they do decline a bit. All we need to do is see probably a 20% decline. We become confident that the spike protein is going down.

Caspar (14:48):

Now for those that didn't receive the vaccine, I, is there any, you know there was this hypothesis of shedding and people being impact. Is there merit to that where, where, you know, this was a, a spike protein was shed, I think it was seen in urine and other things. Is this something directly after a vaccination of someone, if you're around them, that you should be worried about?

Dr. Peter McCullough (15:09):

Let's take messenger RNA first. Despite concerns, the only real shedding proven in the literature is through breastfeeding. Okay. Pregnant women who have taken the shots it's Ill-advised. But sadly in the CDC MMWR report of pregnancy, when women do take the shots, majority is the third trimester. So this is not looking good. It does come out in breast milk, and so the baby's gonna receive it orally. Otherwise spike protein is, is never been shown or messenger RNA, transferring in blood transfusions, oral secretions, your general secretions. Probably the best evidence of shedding, which should be a very sensitive barometer of spike protein exposure, would be menstruation. So women who are, you know, have noticed that their periods change if they're around somebody freshly vaccinated, there's been enough studies that to support that. So what I advise people is very few people are taking the shots. Right now,

CDC data in the United States from from the beginning of the year to April, only 1.6% of people took shots. So it's just, they're almost completely done with this. But if someone does take a shot you know, I recommend re re refraining from close contact, kissing, sexual contact, blood donation for at least six months.

Caspar (16:34):

There, there's, beyond the COVID vaccine itself, mRNA research is really taking off in other vaccines. M-POX, flu, is that also of the same concern as you have for the COVID vaccine?

Dr. Peter McCullough (16:47):

Yeah, all the messenger RNA vaccines are gonna have great concerns for myocarditis. A paper by Schreckenberg and colleagues show messenger RNA itself, the synthetic versions of it coming from Moderna and Pfizer, they're directly tect toxic to heart muscle cells, will still have the same cancer concerns, for instance. And we, we potentially still have antigen concerns. Now, the spike protein is, is, is damaging to the human body. The SARS-CoV-2 spike protein, but the spike protein for influenza is called the hemoglutinin. And human body's never been genetically harnessed to produce influenza hemagglutinin. This could turn out to be a disaster. And, and so I think there should be a moratorium in all messenger RNA product development right now. Yet moderna's going ahead with 31 different offerings, and you're right, including influenza, respiratory syncytial virus, Epstein-Barr virus, et cetera. Somehow the medical communities has become quickly captivated with vaccines more than I could ever, I imagine the WHO has an aspirational agenda. It's called Agenda 2030, and the aspiration here is 500 vaccines or more per person.

Caspar (18:07):

That is wild. I mean, growing up, I, I think it was, I, I was born in 81, it was like four, right? That that's, and of course, people like Robert Kennedy, others outlined the great growing and now for children, would that also be something that, that children are supposed to receive too?

Dr. Peter McCullough (18:24):

Yeah, I mean, this, this would be an aspiration of WHO, 500 vaccines that I told you. Moderna has 31 in development alone. So there is some type of hubris that's formed over vaccines that, that somehow vaccines will conquer disease. And, you know, sadly, none of the vaccines have conquered disease. A good reference is "Dissolving Illusions" by Roman Bystrianyk and Suzanne Humphries, where they outlined every single major disease for which we have vaccines essentially went away before the vaccines came out. Right? They were all improving. What really reduces contagious diseases is improved living conditions, sanitation, washing bedsheets, clean water, good hygiene. So that means, you know, smallpox was going down and measles way down, and diptheria, tetanus, polio all on the way out before the vaccines landed. So the vaccines cannot be credited with making diseases go away. And, and yet if you, if you look at, you know, history textbooks of public health in a sense the history's been, been rewritten to some degree to say, listen, you know, the vaccines safe, mankind I think that's represents scientific hubris, to tell you the truth.

Dr. Peter McCullough (19:52):

You know, sanitation, much bigger impact than vaccines, vaccines are not treatment. They don't treat sick people. Vaccines in general don't stop transmission of the virus. They don't reduce severity of illness. They're pretty modestly helpful. You know, even the CDC on its website says the polio vaccine doesn't stop transmission of polio. It says it right on the website. There was a recent measles outbreak in Maine and turned out people had obviously taken the me measles vaccine. So all the outbreaks you hear about, since basically everybody takes the vaccines are occurring in un, you know, the vaccinated individuals.

Caspar (20:32):

Is this a lie that's purely economic or, or, or they're actual people, you know, doing alternative research, let's say that's, that's kind of leading them to this belief that these vaccines are actually helpful? Or is this just profit?

Dr. Peter McCullough (20:48):

I think it's an ideology. Is it?

Caspar (20:50):

Yeah. Belief system.

Dr. Peter McCullough (20:51):

It's like a religious belief. And it goes way back to, you know, Edward Jenner or beyond. And this got so outta control in the late 19th century. You know, parents were forced into having their kids vaccinated against smallpox, if not the parents went to jail. This happened in United States and Canada. The UK there were mass uprisings in Toronto and, and in the UK. It led to the anti-vaccination league in the UK where people said, listen, we're not doing this. The smallpox vaccine was dirty, it was contaminated with staph, strep, syphilis. People died of the smallpox vaccine. It was safer to actually have small pox itself. And this happened in the, in the mid la you know, the, the latter part of the, the 19th century. So we shouldn't be surprised that something awful happened with the COVID vaccines. It happened with the original smallpox vaccines. And the history of this is the vaccines do get safer over time, and the smallpox vaccine got safer. The COVID vaccines have gotten safer, but it still boils down to, you know, are they really necessary? Are they really clinically indicated? You know, where's the risk benefit analysis? Can we give vaccines together in big combinations and have it be safe? It's never been studied.

Caspar (22:04):

Right. And for a parent that's worried, because so many children that go into their pediatrician, that go to their school say, you're required, they're, I, I've heard parents say they're bullied. They're basically told they're, they're harming their child. And child protective services should be sent on them if they don't vaccinate their children. What is your advice to them against that type of pressure where you're almost told you're a bad parent if you don't get this vaccine for your child?

Dr. Peter McCullough (22:30):

So many people are working virtually nowadays that they're moving. I mean, these are all the same diseases, and they're essentially the same in all 50 US states. So in California, New York and Connecticut, essentially, there are no exemptions. Yeah. You know, there's, you, you basically can't get a medical exemption. That means the kids are forced into vaccination, including the COVID-19 vaccines starting at the age six months, they're on the schedule. And if that schedule isn't completed, the kids don't go to school. They're essentially forced into vaccination. Yet other states, like Texas, where I am, we have philosophical, medical, and religious exemptions. You don't have to take any shots if you don't want to.

Caspar (23:13):

Yeah. It, it seems there's a bigger and bigger separation of the state's regulation and involvement in the vaccination of people. Right. And that you're gonna have to kind of vote and control your life by moving. Well,

Dr. Peter McCullough (23:27):

Yeah. Some people have said, listen, this is so big. You know, I'm gonna move from California to Texas because people, again, working by computer anyway, what, what does it matter? Same thing in Canada. They recently just passed some legislation. The Premiere of, of of Alberta, said, in Alberta, you can't have any mandate, you can't mandate any vaccine on anybody. In Texas, we, we banned the Covid vaccine mandates, you know, meaning the Covid vaccine is so dangerous that no one can be forced into taking it, I mean, that should tell you something, right? We shouldn't have to have a law that's banning a mandate. We shouldn't have any mandates to begin with. I mean, no one should be forced to take a shot or take a pill if, if they don't want to. Association of American Physician and Surgeons passed a resolution in 2000 saying, listen, nothing can be mandated. Nothing. Period, period. Nothing in the medical space can be mandated. And you know, I, I think if we had that as an overarching principle, we wouldn't have gotten to this problem. If the COVID-19 vaccines were purely voluntary, people could have looked at this, they could have done their own research. I mean, quickly, people would've found out they're not safe and nobody would've take taken them. The bottom line is most people took them in, in the, you know, in the latter half of 2021, because they felt forced into it.

Caspar (24:50):

Yeah. Coercion. Right? And it's, it's a pretty ironic in where all politicians are kind of pushing your body, your choice right now. Yet there there wasn't a choice. And it seems for a lot, there still isn't, but there is. There's the moving, there's there's other ways around it. I, I feel like we've done a really good, you know, job here in setting up the problem. Let's move into the solutions 'cause people are saying, okay, if, if there is this problem, I need to find a solution. So far, there hasn't been too much out there. I remember in the beginning early stages of realizing that this wasn't a safe vaccine, that people were talking about pine needle tea and using saunas and other things. But you've published research recently. You have a solution now in a trio. Can you go into your findings on that?

Dr. Peter McCullough (25:35):

Let me say that the Biden administration, HHS, spent a billion dollars on long covid syndrome. And in a paper by DX neuro colleagues, you know, about 70% of long covid syndrome was really due to the vaccines 'cause it's all due to the spike protein. The Biden administration and the projects never targeted the spike protein. And they came up with zero solutions and they tested really kind of ridiculous ideas. Like taking Metformin for instance, which is a diabetes drug, you know, maybe blood sugar control can have some minor effect somewhere, but it's not gonna handle the spike protein. Giving more vaccines was tested, you know, that backfired thus loading more spike protein in the body. So we have a situation where it's all about the spike protein, and you can find paper after paper in the medical literature that never even mentions it. It doesn't even come up.

Dr. Peter McCullough (26:33):

So what we have done in my program we've published on this, is we published McCullough protocol base spike protein detoxification. We use the preclinical literature and the randomized trials to, to again, just like I did with McCullough treatment protocol, identify the top candidates. And we knew this was gonna be a multi-drug, multi-agent study. No single drug seems to work for anything with covid or, or the vaccines. And so we selected nattokinase and bromelain because of preclinical studies showed that they dissolved the spike protein. Nattokinase derived from, as a derivative of the fermentation of soy, bromelain derived from pineapple, the stems of pineapple, and then curcumin as an antispike, anti-inflammatory. That's actually gone through randomized clinical trials, and that clearly has an anti-inflammatory effect. Mm-Hmm. <Affirmative> also has an anti SARS-CoV-2 effect. And so that became coined McCullough protocol base spike protein detoxification. Initial doses, nattokinase 2000 units twice a day, bromelain 500 milligrams a day, and curcumin 500 milligrams twice a day. We commonly double or quadruple those doses now, continue them for a year. We are seeing patients slowly improve. We're

seeing antibodies against the spike drops, you know, as a proxy for the spike protein producing. But I can't make any therapeutic claims because we have no large prospective double-blind randomized placebo controlled trials. The Biden administration blew a billion dollars, I'm told they're about to blow another billion dollars and they still haven't even evaluated the spike protein or detoxification.

Caspar (28:10):

Now in that research study you had with Dr. Procter, Cade Wynn, what were the findings in just that?

Dr. Peter McCullough (28:17):

Well, the, the paper is the proposal to do this with the doses and the schedule. The nattokinase component, and credit given to Tanana Kama on this, does very thoroughly dissolve the spike protein in intax cell and cell lysate models. I think that's consistent. Bromelain has an anti-infective effect, and it actually has a, a, a dissolution effect on the spike protein. Nattokinase additionally is a pro is a thrombolytic agent, so it actually breaks up blood clots to some degree, and bromelain's an anticoagulant, it increases the prothrombin time. Curcumin in randomized trials makes, makes people feel better and they have reduced inflammation. So we're convinced this combination, you know, has the best hope for clinical improvement. We'd love to have, you know, a large prospective double-blind randomized, placebo controlled trial. But many patients feel, listen, we don't have, we don't have the four to 20 years for that trial. We've gotta take action now. So McCullough protocol base spike protein detoxification has essentially become the worldwide standard in the last year.

Caspar (29:28):

And now these are natural compounds. They are not from pharmaceutically derived, therefore not profitable for the pharmacy pharmaceutical companies out there. Have you, you know, gotten a lot of pushback on, you know, this, this protocol?

Dr. Peter McCullough (29:43):

It's funny you mentioned, very first time just the figure from our first paper came out in Instagram immediately it got a tag. It says this doesn't work.

Caspar (29:52):

Of course it did.

Dr. Peter McCullough (29:54):

How does the international fact checking network, how do they know, right? And why were they waiting for this? Why, why, why did they have artificial intelligence scanning for Nattokinase? I think that's very interesting. But immediately there was a statement saying it didn't work. That means they were running AI looking for these terms, and that means they expected it to work. So actually, when I got that notice in social media and it was instantaneous, I was gratified because I said, you know what, I'm on track. That's right. And if I would've proposed some other intervention that really didn't work, no one would care. There would be no flagging. So the only things that have been flagged are things that really work. And so we're on it right now. I've held some big calls in the UK. In about six to 12 months people are turning the corner. The neurologic syndromes are improving. All the cardiovascular syndromes are improving. And we have found, by the way, with big blood clots, that was the last patient I finished with, with big blood clots. The blood clots don't dissolve unless we use nattokinase and bromelain. They just don't dissolve using Eliquis, Xarelto, Pradaxa, they will not dissolve even Warfarin. They have to be on those blood thinners plus nattokinase and bromelain. Now, the caveat here is it can be increased bleeding risks, but we take those risks for the benefit of dissolving these blood clots.

Caspar (31:18):

Now it, it, it's a wonderful synergy of these three trio of compounds. You've, you've found. And that's amazing news for the 70, 80% who did receive the shot. Are there other things that you are recommending to people in diet, lifestyle, anything else that, because, you know, people that are scared wanna do as much as possible. And, and so what are you recommending around this protocol?

Dr. Peter McCullough (31:40):

Well, well, let's take, so we, we named this, it's actually good you picked up on that. We named it base spike protein detoxification, because it's a base of which we add things to. The prescription drugs we commonly add are colchicine, which was used extensively with acute covid reduced mortality, acute covid. It is mandatory when there's subclinical or clinical myopericarditis. So almost any chest symptom is gonna get Colchicine 0.6 milligrams a day. If there are any of the autoimmune syndromes. My last patient had an autoimmune syndrome related to blood clotting, antiphospholipid or anti cardio lipid antibody syndrome positive, ANA, rheumatoid factor, anti-citrullinated peptide. They get hydroxychloroquine, 200 milligrams twice a day. Another scenario is persistent SARS-CoV-2 infection. If people keep getting covid over and over again, they have night sweats, chills, headaches, we'll put them on prolonged ivermectin.

Dr. Peter McCullough (32:37):

So 0.6 milligrams per ki per day for 30 to 90 days. And that would be a common add-on. And then you asked about, you know, what else beyond that, what else can we do? Well, I, I tell you that the data are, are all convincing and consistently positive for hyperbaric oxygen treatment. Okay? So people going for hyperbaric oxygen treatment, a minimum of six sessions, sometimes 20 to 45 sessions. Every study consistently positive. Another approach is because the messenger RNA and the spike protein are found in breast milk, that actually, which is modified sweat of actually having the individuals, you know, sweat. Exercise to the point of sweating heavily or going in hot saunas. That, that makes sense. Everything else beyond that, I, I think it's it's individual preference. Some people say, well, we should give 'em vitamin C. I said, terrific. Get 'em vitamin C, <laugh> or vitamin D. That, that's fine. Someone said N-acetylcysteine. I said, you know, have at it. None of those that I've mentioned actually get rid of the spike protein. So I wanna make people clear that you've gotta get rid of it spike protein with Nattokinase and Bromelain, but you can add other things to it.

Caspar (33:55):

And now research for the future. Because do you feel this trio will work on those future vaccines as they come around? Because it, it seems with, you know, 500 that WHOs trying to push out there, I don't know if there's enough nattokinase in the world to, you know, start to detox every single time for those 500, but are you looking at that into the future? O of course, technology changes, you have to adapt to it. But is there anything else that, that the research is showing you that you're looking into?

Dr. Peter McCullough (34:24):

Yeah, we're looking into a deactivating strategy. If the messenger RNA is still hot and producing spike protein paper by McCullough Foundation, Nic Hulscher and Diane Mariota suggests a small interfering, RNA may may neutralize Pfizer Moderna or with something called ribotec, which is like a big arm that just clamps the Pfizer Moderna. You know, I think that strategy is worthwhile. And then with neuroscience, Neo7bioscience, John Kattenzaro, we're exploring the possibility of using a peptide. So use a peptide infusion, neutralize the spike that way. That's great. So we're very much all in on spike. The more people talk it up, and the more this gets into the medical literature and the review panels, the better.

Caspar (35:12):

Absolutely. And with so much of the percentage of the population that may be suffering and and impacted by this, it's incredibly important as we go forward. Now, you published "The Courage to Face COVID-19." A great book there that I enjoyed. Do you have any other plans to publish books and educate more people?

Dr. Peter McCullough (35:31):

Well, we have plans to have a you know, some type of book regarding this whole saga of nasal washes and gargles and how they were suppressed by the Federal Trade Commission. People need to hear this still to this day, the most, the most effective treatments we have are nasal sprays and gargles. Iodine-based ones, acutely xylitol based ones for chronic protection. And then we do plan to have a book on the vaccines. And but I have to tell you, I've been following this. Our book, "The Courage to Face COVID-19" was banned by Amazon for 12 days in the fall. And fortunately we had enough author and legal strength to get it restored. Recently, Paul Marik of the FLCC has gotten his ban struck, his book on natural approaches to cancer struck on Amazon. And Amazon is, it looks like they're not gonna restore it. And so they've, they've claimed his book has falsely misleading information, and Amazon has 60,000 books on cancer, all different ones, exercise, diet, what have you. His is extensively referenced with hundreds of references, yet he's being targeted by some type of state actor that's working through, you know, that's working through the cable box to to, to essentially excommunicate him from the publishing community. So we're in extraordinary times.

Caspar (36:55):

Yeah. I mean, listen, there's, there's so much being done to censor people such as yourself and others putting information out there. And we know the media is 70 or more percent, you know, funded by pharmaceutical companies. So of course, there's a, you know, initiative in a, in a want to try and keep that money there. So censorship happens, but there's also this counter you know, a movement, I would say. Do you, do you see that growing even more? I know recently, you know, RFK and others went and had a, held a caucus. Unfortunately I saw the media also called that the woo woo caucus to try and, you know, dismantle and, and discredit them. But, but do you see more and more people awakening in this becoming a shift in, in almost a paradigm of vaccines and, and, and educational, like, you know, enlightenment?

Dr. Peter McCullough (37:45):

Well, a small group of doctors, and I mean very small, are questioning this vaccine ideology and questioning vaccine safety. A little larger group of patients who've probably always questioned the vaccines are questioning them very hard right now. The, this excessive vaccination and the linkage to childhood diseases is starting to come out in a variety of papers, including neuropsychiatric diseases like autism. And now there's even a broader concern about just general health in the population. So Senator Johnson recently held a hearing on this, on general health, but I did have to chuckle though, because he invited podcasters, other people who have just found sudden fame and, and yet, you know, there are medical societies that have been working on this for decades.

Caspar (38:31):

Yes.

Dr. Peter McCullough (38:32):

So, like, we know the diet's bad, we don't need a podcaster to come to Washington, or we know people are not fit. We don't need a fitness instructor to come to Washington. So it was a bit of a show. I I was a little bit concerned that this new emphasis on health is taking away attention on the immediate health hazard, which is the COVID-19 vaccines.

Caspar (38:54):

Well, it's a shame when influencers have more power than doctors, but at the same time, you could understand that a number of doctors in the medical community have not done themselves a, you know, have done a disservice to what is truthful and what is not. So it seems that, yeah, unfortunately it's a popularity contest of sort of what information gets out there. But I'm hoping more and more that people, you know, such as yourself get their message out. Now to healthcare providers out there, where do you feel they should be changing? What is their role in all of this as we move forward?

Dr. Peter McCullough (39:30):

Well, healthcare providers, I think immediately should join with the Association of American Physician and Surgeons World Council for Health, and all completely call to remove the vaccines off the market immediately, healthcare professionals and doctors should sign on to the doctor that says no vaccine can be mandated. So if we had the COVID-19 vaccines off the market, and the other vaccines were not mandated in any way, I think the whole country would bre breathe easier. And there may be some individuals who decide to go through, you know, all the vaccination, depending on how they're advised by their doctor and what their research shows, and there'll be others who decide not to, and they'll be fine. But getting back to free choice would be very important.

Caspar (40:15):

Yeah. It's, it's the cornerstone, I feel like, of a democracy or a public that you need that free choice, especially with medical decisions. Now you're incredibly busy, you know, you're seeing patients. You have your substack, you have your foundation, your chief Science officer at the Wellness Company, which has this trio for base spike detox. Oh, is there anything that's exciting you outside of that right now, in the medical field or that you look forward to in the future to get out into the world?

Dr. Peter McCullough (40:46):

Yeah, there may be some great advances in the future on diabetes and weight loss. We're seeing tremendous weight loss with the GLP-1 agonist, which is Ozempic and and the tirzepatide, which is Mounjaro and their relatives. The jury's out on that in terms of, is that a safe amount of weight loss? But boy, we're, we're certainly seeing it. There's been greater and greater advances in heart disease, new treatment for hypertrophic cardiomyopathies, better treatment for heart failure, certainly better genetics, and relying on those every day. I think all of that looks positive. We still need some, some big accomplishments in cancer care. But I can tell you the addition of naturopathic medicine to allopathic medicine is just gonna make us more powerful. And I, it can't happen soon enough for me. Now, people have said, wow, that naturopathic doctors will compete with the MDs. It's impossible because there's a million MDs and DOs right, in United States, and there's only set number of, of you know, of naturopathic doctors, holistic doctors, right? And so, I mean, I mean, to the order of maybe 70,000 at most, so it's not gonna ever be close, but the naturopathic doctors, if they could cover the base of healthcare, and then the MDs just take on the cases that fail, these reasonable methods of diet, exercise, and nutritional supplementation, I think that'd be fantastic.

Caspar (42:17):

Yeah, no, I, I completely concur. And it just seems like a logical standpoint to collaborate and try and help prevent before anything happens. And of course, work together to reverse. You know, the chronic disease epidemic we're seeing right now. Dr. McCullough, where can people find more, where where can they purchase the stack that you have, the protocol that you have?

Dr. Peter McCullough (42:40):

I go to my website, PeterMcCulloughMD.com. That'll take you everywhere, you know where I am on the internet. I've got the top doctor specialist account and sees patients. On Twitter, P_McCulloughMD. It's cross getter to Social and Telegram. My podcast is America Out Loud, Talk Radio McCullough Report every Saturday and Sunday, 2:00 PM Eastern. I'm on America Out Loud Pulse on Wednesday afternoon at 5:00 PM. And then and then my substack very important to get these updates and to get all the citations I give with the graphical abstracts. Everybody should sign up for Courageous Discourse Substack, get that free email every day. And then lastly, check out the Wellness Company. Wellness Company offers this ultimate spike detoxification trio. They're gonna be offering up a new and improved combination product shortly. And we've, we've started up with what's called One Wellness Memberships, where we have membership at, at three different levels. But the, the top two tier levels, it includes supplements and prescription drugs. So look at this very carefully. A lot of people are gonna do this because it's so beneficial. They use supplements, they need their drugs, and, and their, you know, these pharmacies, once you're a member, deliver the drug to your house free of charge.

Caspar (43:55):

Amazing. Well, I really wanna personally thank you for all your work. You've been such an important voice during this time. Keep doing what you're doing, looking forward to everything else you put out there. And, and again, thank you. On behalf of everyone listening, thank you for your work.

Dr. Peter McCullough (44:09):

Thank you. Thank you.

Caspar (44:10):

And as you heard here, be sure to visit Dr. McCullough's website, PeterMcCulloughMD.com, and his foundation, McCulloughFND.org. Until next time, continue writing your own healing story.