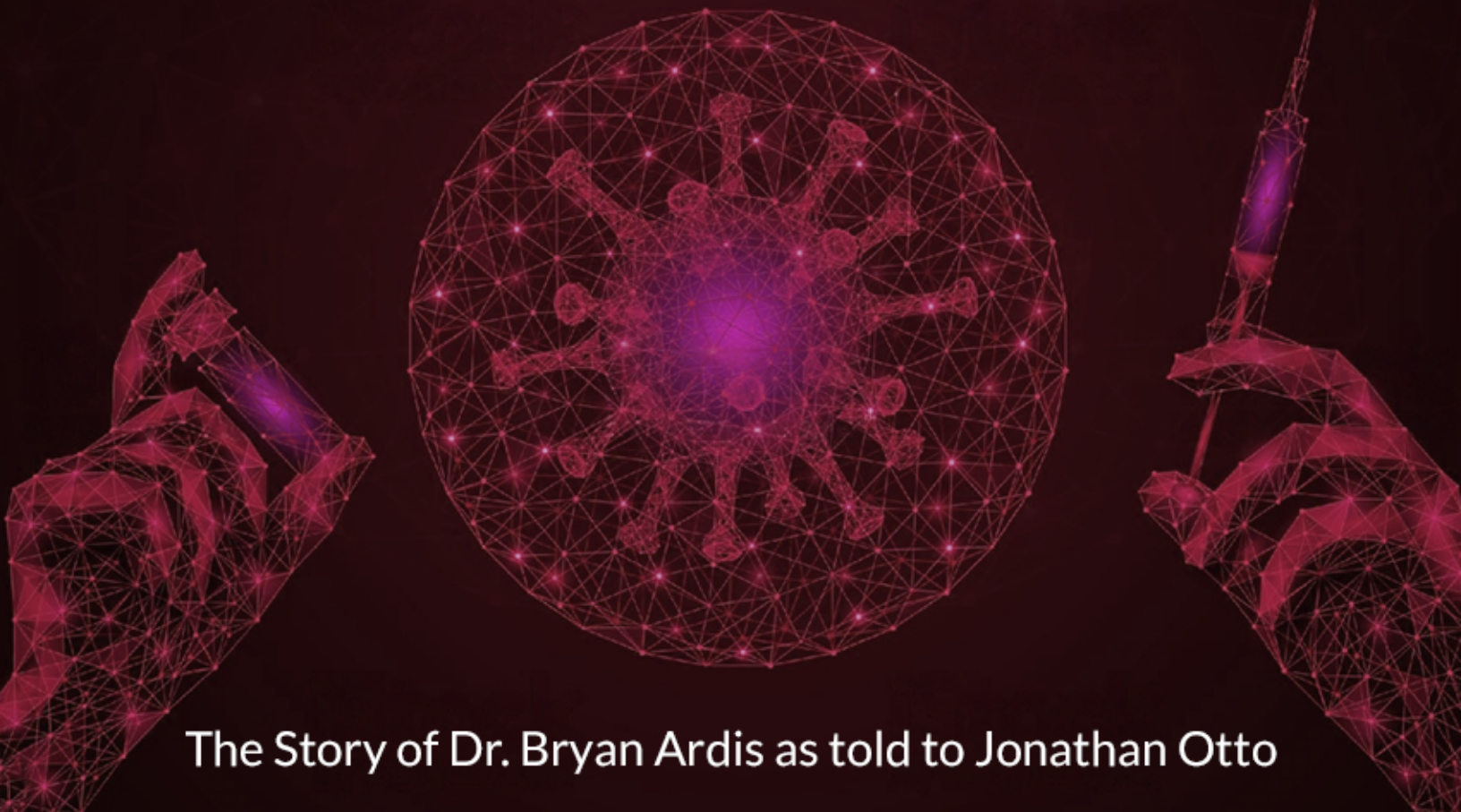


DEATH BY DESIGN

HOW LOSING A LOVED ONE FUELED MY MISSION
TO EXPOSE THE COVID AGENDA



The Story of Dr. Bryan Ardis as told to Jonathan Otto

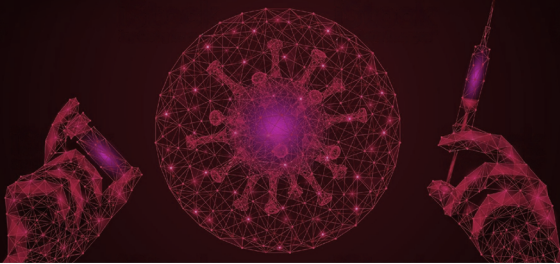
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How Losing A Loved One Fueled My Mission to Expose the COVID Agenda

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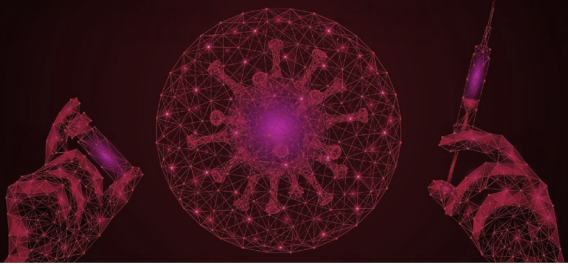


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INTRODUCTION



When Dr. Ardis shared his discovery about the link between COVID and envenomation last year, the world was stunned. He received a lot of backlash, but also a lot of support.

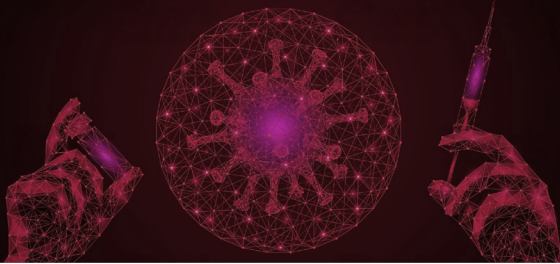
Apart from revealing the dangers of the mandated COVID drug, Remdesivir, which took the life of Dr. Ardis' father-in-law, revealing the mass envenomation agenda behind COVID has been the most significant discovery yet.

Dr. Ardis has always been passionate about research and when he received a text from a renowned doctor and friend, he knew something bigger was going on and he decided to look into it.

This ultimately led to a shocking discovery that finally explained the strange symptoms that people were experiencing from COVID. And the deadly side effects from the C-19 clot shot.

Like sudden heart disease, neurological disorders, Tinnitus, the loss of taste and smell, and diaphragm contraction - all of these corresponded with the side effects of venom poisoning. And not a so-called "respiratory virus".

Dr. Ardis found an extremely significant study done in Italy that found 15 conus snail toxins in COVID-19 patients' blood and fecal samples. He did further research into how to treat the deadly mechanism of action caused by envenomation.



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According to Dr. Ardis:

As it turns out, venom directly targets the nicotinic acetylcholine receptors, which is what led me to recommend nicotine gum and patches as a treatment for COVID and vaccine-related injuries - and these have been working miraculously.

Here's how it works. These nicotinic acetylcholine receptors, which are ACE-2 receptors, in the brain control smooth muscle contraction, including your diaphragm and your heart's power to beat.

So, when you attach venom, the actual venom goes past the blood-brain barrier and hits the nicotinic acetylcholine receptors.

Which then suppresses the diaphragm's ability to contract and then it starts reducing how fast the heart can beat which it's slowing down how much blood flow is going through the body and the energy.

So how does nicotine work to reverse this disease process brought on by envenomation?

Studies have shown that not only does nicotine bind to nicotinic acetylcholine receptors with the highest affinity for those receptors, but it wants nicotine, it's built to take nicotine.

This also explains why Ivermectin has also been such a vital treatment in preventing serious sickness and even death in COVID patients. Ivermectin has been found by studies to bind to alpha-7 nicotinic acetylcholine receptors in the brain stem and stops "viral" replication.

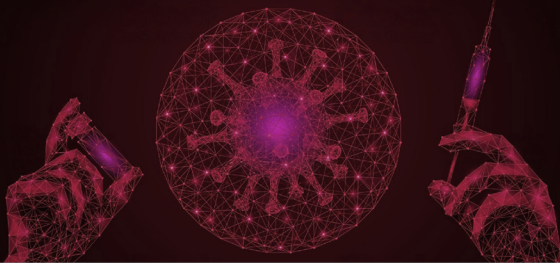
There is also a lot of evidence that venoms have been weaponized in the past. And have been tested for their potential as a potent bioweapon for years.

One of the biggest examples is the heart attack gun created by the CIA to shoot a dart of frozen venom into their targets, inducing a heart attack that would kill them. And this was completely undetectable.

These key findings have been so important because they've allowed Dr. Ardis to develop a comprehensive protocol that has treated hundreds of thousands of people for the real cause of their diseases and symptoms of COVID bioweapons so far- envenomation.

It's helped bring relief to people struggling with life-altering symptoms for long periods of time, such as ongoing tinnitus. And has prevented COVID-related hospitalization and death.

These treatments even helped his wife, Jane after suffering for years from tinnitus after a flu shot (one reason why I'm convinced all vaccines have a venom component).



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MY WIFE, JANE'S MIRACULOUS HEALING STORY

So, I wanna explain to the world with this one great opportunity to sit with you, is to let them know there is a higher affinity for the body's nervous system to gravitate in the presence of poisons, toxins, viruses, venoms, to actually choose nicotine if it's present.

So in your cerebral spinal fluid that your brain and spinal cord sit inside of, if there's the presence of venom that attacks or sticks to the nicotinic acetylcholine receptors, if that happens, and then nicotine is present, the body will let go of the venoms and actually grab nicotine and hold onto it. They're designed perfectly to grab and bind to nicotine, and then they let the venom go. And then guess what happens? The inhibitory action of the venom is no longer there on that receptor. This could never, ever have been more obvious than my own wife in November of 2020.

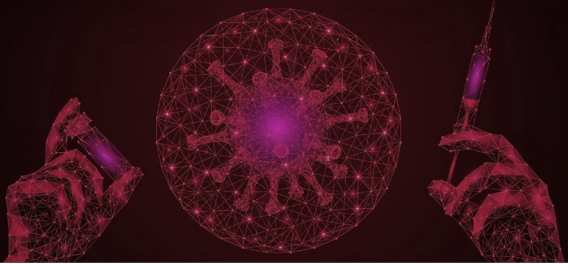
Jane got COVID, lost all of her taste and smell. For the last two years, after I released on the world that there's a weaponized venom aspect of COVID and nicotine can be the solution, my wife, for three months, was like this. "I don't want to do nicotine because I believe it's harmful." She's been conditioned to believe nicotine's bad. And I said, "Honey, there's no published studies that showed nicotine causes any diseases, period. It's the added chemicals to both the paper of cigarettes and the tobacco in the cigarettes that actually are causing diseases." And we've already shown those research studies.

If you can't breathe, can't have control of your diaphragm, your heart's been affected by COVID or the shots, and you're experiencing long hauler COVID symptoms, your whole life's affected. Your ability to exercise, walk upstairs, and have to stand there and try to catch your be breath. I hear this nonstop from people who got COVID two years ago. My wife was one of those.

Sense of taste and smell had not returned in two years at all. After three months of hearing medical doctors report back to me from around the world that their own long hauler or COVID symptoms have all disappeared since chewing nicotine gum, she's like, "Honey, I think I'll try it." So she did. She said, "What should I do?" And I said, "I would take two-milligram tablets of nicotine gum. I would chew it for 10 minutes and then spit it out and do that four times a day."

On the third day, all of her sense of taste and smell returned. And this is the beauty of watching the body work on its own. God designed this thing to be miraculous. So whatever poisons, toxins, venoms, spike proteins, whatever you wanna call it, that binds to those nerves that control the sense of taste and smell and hearing, there's something miraculous.

My wife has had tinnitus also for decades. All of it went away when she started chewing nicotine gum. She actually developed tinnitus since getting the flu shot in college.



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These discoveries have led to an incredible journey of revelation and healing for anyone who has chosen to use Dr. Ardis' recovery protocols. The more he researches, the more he find and Dr. Ardis has become committed to making sure he continues revealing the truth.

This book is dedicated to sharing his groundbreaking research. Anyone who takes the time to read through this will realize that there's no denying the current COVID agenda is fueled by mass envenomation.

I know that the media keeps censoring this- Doctors like Dr. Ardis have been censored more times than they can count. And so I know there are still millions of people out there who don't know about this information.

They don't know that a loved one sitting in the hospital right now is being murdered by their a deadly protocol...

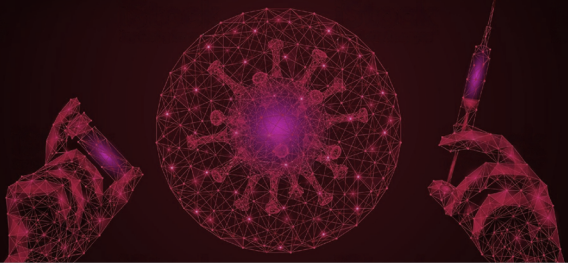
Or that their ongoing post-COVID symptoms can be easily reversed.

Everything in this book is absolutely vital information that everyone needs to know about. And I hope this reaches you today, and that you have these tools for yourself and your loved ones.

Because when you know how to turn off what we're convinced is the leading cause of life-altering diseases today, you'll never have to live another day in fear, or in suffering.

This is how losing a loved one has fueled Dr. Ardis' mission to expose the COVID agenda.





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HOW LOSING A LOVED ONE FUELED MY MISSION TO EXPOSE THE COVID AGENDA

HOW THE MANDATED COVID-19 HOSPITAL PROTOCOL KILLED MY LOVED ONE

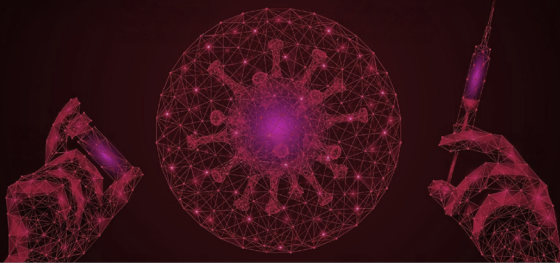


I'm Dr. Bryan Ardis. I live in Dallas, Texas. I actually am a retired chiropractor, acupuncturist, and nutritionist. I owned my own practices, one in Maryville, Tennessee, just South of Knoxville from 2004 to 2009. Then I sold and moved to Dallas, Texas, and opened up a practice, the Artist Healing Center in Frisco, Texas, just north of Dallas in 2009.

Sold that in 2018. That's when I officially retired from clinical practice and been retired ever since. Then I started developing nutritional products online. We were selling those just as an eCommerce opportunity. I took the nutritional principles, clinical experience, and then started applying those and formulating nutritional products to help people around the world and just do it differently than a one-on-one setting in an office.

I wanted to do it, take those same principles. I saw massive success with individual symptoms and diseases and then bring that to large groups of people. It's ironic that COVID-19 forced me to project myself to try to protect a whole lot of people, and in doing so, a lot of people turned to me for help and guidance in their own personal health journeys, whether related to COVID-19 or not.

But in February of 2020, which was a month after I launched a nutrition company online with my wife and I, it's called Ardis Labs. We launched that in January of 2020. In February of 2020, my father-in-law was killed in a hospital with a horrific protocol that they stood behind as the only treatment options for his flu.



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Anyway, by day nine, he was killed in the hospital. That whole experience was awful. Lots of audiences know about that story, but it was pretty horrific. All of the downfall and demise of his body was created by the poisonous toxic effects of the drugs they were giving him. On day six, I was able to talk to him being in the hospital.

I was able to convince the doctors to change all the protocols from certain drugs to other drugs. Within five hours, he was unconscious for over two days with so much water on his brain and in his lungs that he went unconscious. He actually woke up after five hours of the changed treatment protocol and all the fluid was out of his brain, out of his lungs, confirmed by the respiratory therapist. He woke up and was able to visit with family.



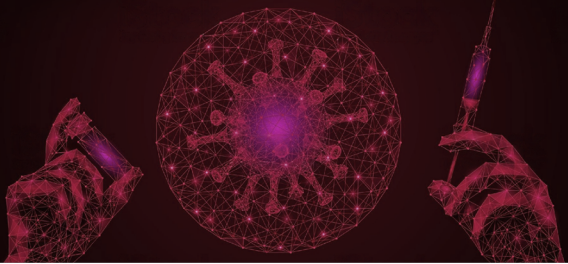
We all thought he was dying from acute kidney failure they told us, which was the side effect of the drugs they were treating him with for the flu. It was awful. So, once we changed it, saw him getting better, we spent several hours with him, and then we came home, which was very exciting to see him start to recover.

That night, the hospital administrators contacted the doctors and the nurses' station and told them to call my wife, whose dad was in the hospital, and told her they were permanently changing back to the other protocol they originally had them on and they were permanently halting all of the changes they had made that made the improvements.

The next morning, we immediately went up to the hospital and challenged what they were doing. They actually called security to escort me out of the building. They refused to work with me anymore, only would talk to my family and my wife's family who did not know the same health principles I had acquired and known for the last 20 years.

Then they convinced my wife's family that the best option for him was to stay on the ill-advised protocol that caused acute kidney failure in 24 hours and just made it worse every day they treated him. They convinced them it was best now to put him on the same protocol that was killing him and now introduce a morphine drip. They call this palliative care.

We're going to graciously let this man slip away and die with as minimal pain as possible using a drug called morphine. Now, morphine doesn't just block pain. As you dose somebody with continuous amounts of morphine, it will paralyze the heart and the diaphragm's ability to contract.



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Every person will die at a certain level of morphine introduced into their body. They actually had given him morphine for four and a half straight hours until they paralyzed his heart enough and he passed and he died right in front of everybody. As a result of that experience, three months later, in my depression, anger, frustration, man, I was angry.

Three months later is when I was listening to medical doctors in New York talk about the outcomes while they're treating COVID-19 patients, and they all said the same thing in their news interviews. We've never seen a viral infection do this, but when we start treating these COVID sick patients, the virus immediately moves to the kidneys and causes acute kidney failure in many of these patients in less than 24 hours.

Now, this is identical to what was happening three months earlier to my father-in-law. So, I just watched this happen. I also know what caused it. We took him off the drugs and then he improved. Then the hospital was aware of the liability now that I just exposed.

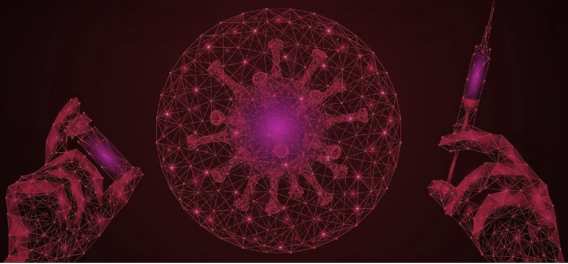
So, then they kicked me out of the hospital, and followed through with their hospital protocol that led to his ultimate demise. But the fact that they killed him, it's amazing to me how many hundreds and hundreds of thousands of dollars they made off of killing him in nine days. It's totally disgusting and then get away with it. Anyway, so I actually decided in May of 2020, I heard enough of these interviews.

I was like, "Oh, my gosh. This is exactly what happened to my father-in-law. I'm going to go see what they're treating COVID-19 patients with in hospitals." This is when I discovered a person named Dr. Anthony Fauci. He had a one-page memo on the NIH's website describing a protocol to all doctors of how to treat COVID-19 patients in hospitals.

For the whole country, this was the only document of any kind telling doctors what to do in hospitals for this new pandemic. They were using the same drug they gave my father-in-law. That was the first shocking thing. I was certain it was the same drug. They gave my father-in-law Vancomycin, which is an antibiotic that doesn't even treat viruses. He had the flu, which is a virus.



They gave him this antibiotic that has a horrific track record for causing acute kidney failure and many, many people they give it to. That's exactly what it did to my father-in-law. I was convinced they were giving the same drug at this antibiotic to these now-new viral COVID-19 patients. Why would I not think that? Anyway, on the NIH's website, I learned of a drug.



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EXPOSING THE TRUTH ABOUT THE DEADLY MANDATED DRUG, REMDESIVIR

For the first time ever, Anthony Fauci told the whole world and all the American doctors in hospitals, “You’re allowed to use only one drug and one drug only.” That drug is Remdesivir. I actually looked at two studies. He said it was proven safe and effective against the Ebola virus and against the COVID-19 virus.

Well, all I did is go look at the studies he hyperlinked in his memo. It was just a one-page article. When I read the study, the first one on the Ebola, that’s when I learned that Anthony Fauci was lying. He actually funded that Ebola study a year before the pandemic using Remdesivir and three other drugs. It was not shown to be safe and effective. It was actually proven to be the most deadly drug in the trial.

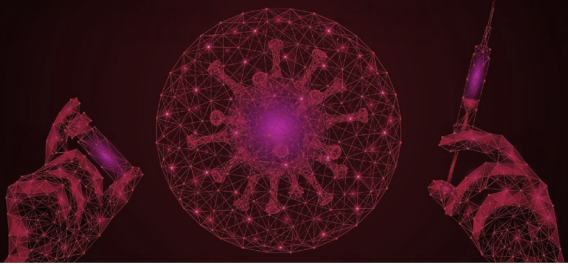
In fact, it was so deadly in Africa for Ebola, it had a death rate of 53% of all people who got the drug died. That’s worse than the mortality outcomes for the disease of Ebola. So, it actually killed more people than Ebola does.

That’s what they published. As a result, six months into this one-year trial, the independent safety board pulled Remdesivir from the trial and said, “No one else can get this drug. It is too toxic and too deadly.” The COVID-19 study that they used Remdesivir in, they found that in 5 to 10 days of treating someone with Remdesivir, 31% of all people who took the drug developed acute kidney failure, multiple organ failures, septic shock, and hypotension. Several people had to have their kidneys replaced before the 10 days went by because Remdesivir had such a toxic effect on their kidneys. So, I am known as the Remdesivir guy, because I decided to go into the media. Instead of taking my anger out on the hospital and the hospital staff that killed my father-in-law, I directed everything at Anthony Fauci, directed everything at the NIH and the fact that they’re lying to people around the world.

That if you get sick with COVID, just stay home until it gets really bad, then come to a hospital and then we’ll pump you full of Remdesivir. No, I was not going to let that happen. I just watched my own loved one die in a hospital. I saw the impact of that on me and my own family.

It was the most traumatic thing that ever happened to me in my whole life actually, to witness that experience. So, it has been a relentless effort on my part for the last three years to educate audiences, bring state reps, delegates, politicians, it doesn’t matter, laymen all over the world to understand that there’s an orchestrated attempt to cause massive amounts of death in hospitals and then tell the entire world’s media that they’re dying of COVID when in fact they’re being poisoned to death with Remdesivir.

I said, what they’re going to do is they’re going to tell you that they’re dying from COVID when in fact they’re being poisoned. Then it states the entire narrative. That’s a great point. So, just wanted to make sure as we wrap up who I am. It has been a relentless attempt to try to save lives around the world and now it’s turned its focus to trying to explain how the vaccines are injuring people, the COVID-19 vaccine.



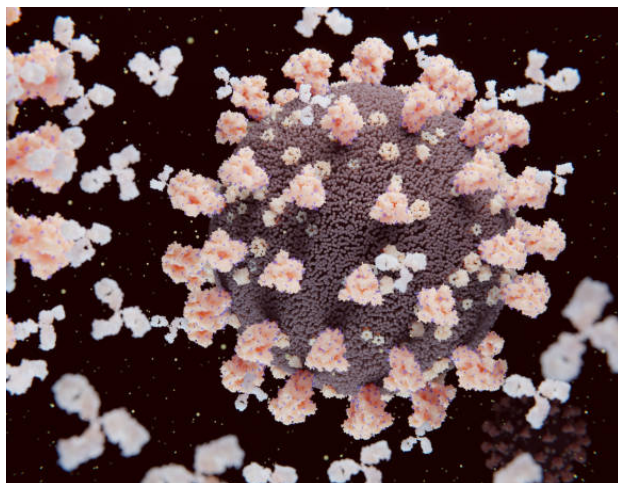
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COVID-19, A PATENTED AFFAIR

People ask me all the time, “Do you see Ralph Baric’s name showing up on all your research studies you keep showing in relation to the spike proteins?” I keep saying, “No, I’m shocked. I’ve never seen his name come up once.” I keep looking. I keep waiting.

I think he’s actually someone on the tail end of a whole bunch of people’s already established work over the last many decades leading up to Ralph Baric’s patents. I’m talking about like 1904, the research to isolate, manufacture, and instruct human beings how to make spike proteins, this type of technology, they have been working out and constructing since 1904 but really ramped up in the 1940s. That’s when it really started.



There’s enough evidence there. This is how Ralph Baric or anybody else in trying to create a bioweapon using spike proteins, they got all this information from the research of Stanley Cohen. They got it from a whole lot of people, Sanders in the 1950s, the 1960s, and 1970s. Also, a guy out of Australia named Dr. Bryan Fry.

A lot of this spike protein technology comes directly from these researchers and another researcher named Paul F. Reid. Paul F. Reid actually does have patents. He’s got a patent in 2010 for the spike protein identical to be used as a large-scale antiviral vaccine, and he was paid for by our United States government from 1993 to 1996 in Fort Detrick, Maryland.

His job was to isolate the spike protein, find out how to mass produce it synthetically in bacteria and yeast systems for the intent to be delivered to humans in a vaccine form for a viral infection. That is what he was awarded in 2010 for a patent for his work he was paid for with grants from our government, our tax dollars to do this in a mass scale from 1993 to 1996.

Yes, they have been manufacturing spike proteins for a long time. This is way before Baric. They’ve known this for decades. They know how to get bacteria, yeast, baculovirus, and mammal cell lines to synthetically manufacture spike proteins. So, this has been a long time coming. I’ve gone through document after document with Dr. Henry Ealy, and Jonathan Otto.

We’ve done tons of presentations on this, but in audiences around the world, for sure. This has been a long time coming. They know everything about this technology. The entire technology of spike proteins and the mRNA technology to get the human body, mammal cells to make spike proteins is more than 100% everything they know how to do and how to create snake venom peptides and get those microorganisms to make it.

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THE DANGEROUS LINK BETWEEN THE SPIKE PROTEIN AND VENOM



It is mRNA technology, spike protein technology. All of it is simply snake venom research and technology. Every way in which the spike proteins hurt the human body are identical to every single toxic component of snake venoms or any venoms, scorpion venoms, bee venoms, spider venoms, and snake venoms.

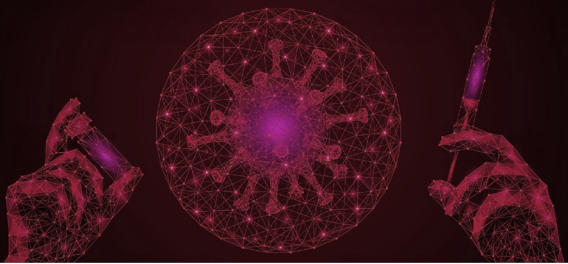
All of them have the same toxic effects and they're threefold. All the injuries from the vaccines have three ways they're going to hurt you, the same three ways all venoms hurt a human also. That is hemotoxic, meaning it's going to injure your blood vessels, hurt your red blood cells, your platelets, cause blood clotting, cause strokes, cause hemorrhaging.

That is a venom side effect to the blood. They're also seeing that reported. They call this the clot shot for a reason because it's causing blood clots. Well, snake venom, there's a specific component in snake venom. It's called a procoagulating Factor VA protein in venom.

That is exactly what scientists have known for years, causes blood clotting without needing the human body's blood clotting factors to initiate the blood clots. It's totally independent of the human body's ability to make blood clotting.

This is why when you see elevated D-dimer test in vaccinated patients, which they're finding in over 60% of people getting these shots, elevated D-dimers if you look at medscape.com right now, it says all medical doctors to interpret elevated D-dimers, all you need to do is look for snake venom poisoning because it causes blood clotting and you'll see elevated D-dimers as a result.

So, everyone should be looking for venom, and the people that created these shots, they use snake venom in their gene editing therapy research to do mRNA injections. Katalin Karikó herself at the University of Pennsylvania who created the mRNA technology for COVID-19 shots, she says openly in her interviews that since 1978, they've been taking components of snake venom, wrapping it in lipid nanoparticle hydrogel since 1978 to protect the mRNA from degradation or being destroyed by RNAs. RNA is they also use in their vaccines. RNA is a component of all snake venoms. It's what destroys RNA and DNA, and they somehow need to get their mRNA into your nucleus.



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THREE DANGEROUS MECHANISMS OF ACTION BY VENOMOUS C-19 BIOWEAPONS

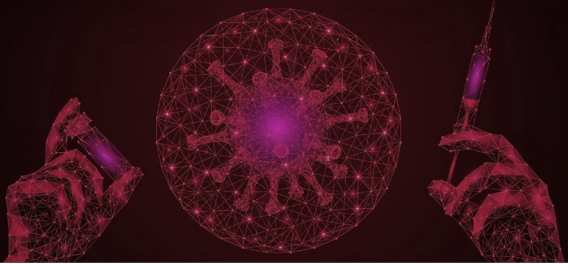
So, they are suggesting and have been for decades to use snake venom components that we know shred membranes. That's what they're using, the technology of venom. How do you use that to carry out their nefarious agenda? There's three ways these spike protein shots will hurt you. You're either going to have blood toxicity effects called hemotoxic effects or you're going to have neurological effects. These are called neurotoxins. How many neurological problems are we seeing after COVID-19 injections or with COVID-19 infection?

Well, if the spike protein on COVID is what was causing the most disease of 28 different tissues in the human body, which is what Salk Institute said, they said the spike protein by itself without the virus causes disease and injury to 28 different tissues in the human body. Well, now you're injecting people with millions, maybe billions of spike proteins into the human body with the Johnson and Johnson, AstraZeneca, and Novavax shots. It's just the spike protein. They're injecting those inside of you. They're telling you worldwide that the COVID-19 spike protein on COVID is so deadly, you can't even stand within six feet of another person, but you should inject the spike proteins inside of you. It's so weird and evil.

The mRNA shots, Pfizer and Moderna, are actually mRNA instruction shots. They are actually telling your cells to make spike proteins. Now, you can keep calling them spike proteins all you want, but the spike proteins were identified to be what are called glycoproteins. By nature, all venom proteins are glycoproteins. French researchers in April of 2020 confirmed with genetic testing that the spike protein's gene sequence, every nucleic acid is perfectly identical to cobra toxin of king cobra venom and krait snake venom called Bungarotoxin. They said each of these are neurotoxins. Okay, great. So, we know snake venoms cause neurotoxicity. They also cause blood toxicity. They also cause what's called cytotoxicity. This means venoms will destroy all and any cells in the human body.

That includes red blood cells, muscle cells, nerve cells, spleen cells, liver cells, kidney cells, intestinal cells. This is what spike proteins and what venoms are designed to do. They're designed to create harm. What is really disgusting though is that for decades, they've been working out creating antiviral vaccines from venoms of all creatures around the world and they are now instituting what they've been creating for decades. So, they are either injecting you with the spike proteins, which really are just spike glycoproteins identical to snake venoms and other venoms, or they're instructing your cells with the instruction called mRNA to make spike proteins. So, to explain this to you, if venom is bad for you, just imagine what venom in the body does.

It is identical to what these COVID-19 shots are doing. But if they're instructing your cells to make venom, small amounts of venom every day, you can see how there's going to be a long-term reaction in a whole lot of healthy people as their body makes more and more of these toxic spike proteins that are neurotoxic, blood toxic, and cell toxic.



DEATH BY DESIGN

HOW LOSING A LOVED ONE FUELED MY MISSION TO EXPOSE THE COVID AGENDA

You're going to see every single disease process you can imagine, and I'm talking brain tumors like glioblastomas. I'm talking about multiple sclerosis. I'm talking about dementia leading to Alzheimer's, worsening Alzheimer's. I'm talking all mood disorders, schizophrenia, bipolarism, manic depression, depression, you name it, obsessive-compulsive disorder. You're going to see massive amounts of all of this. You're also going to see seizures.

These are all published side effects of the COVID-19 spike proteins and the COVID-19 vaccine spike proteins. You'll also see other neurotoxic effects which are paralytic. Now, just so you know, venom's neurotoxins are only primarily designed to paralyze their prey. What was the first published side effect of the COVID-19 shots by the FDA before they even released them? In October of 2020, two months before they released the shots, they had a meeting and they showed a screen that had 22 different diseases these shots were going to cause. The very first one was Guillain-Barre syndrome, which is paralyzed leg than a paralyzed arm, sometimes half of your face. It looks like Bell's palsy.

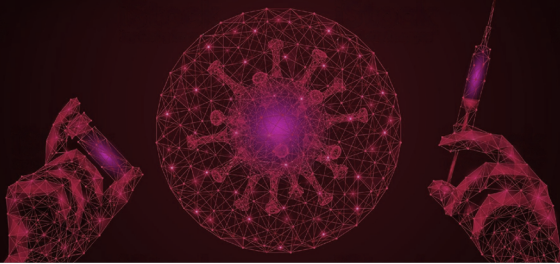
But there have been tons of examples of people having parts of their body paralyzed either temporarily or permanently as a reaction to the COVID-19 shots. The neurotoxic effects of these spike proteins are identical to the venom peptides found in all venomous creatures. They are designed solely to actually cause harm and injury, but there's this weird, twisted idea in medicine and in pharmakeia that we can take poisons and toxins to treat an unhealthy person with to restore them back to health. Similar to someone with cancer, let's inject them with a really toxic substance called chemotherapy. Hopefully, it won't kill all of the good healthy cells at the same time we're killing the unhealthy cells and maybe the patient can recover.

No, no, no. They're doing the same things with antiviral drug therapy right now, and they've been mastering this for decades. They're convinced in the pharmaceutical world that venoms can actually bind to the same receptors of your cells that viruses do, ACE2 receptors, nicotine receptors. They say, as long as we can get enough venom into the human body with vaccines or drugs made from venom, they are homologous. This is what it states in all the research studies. Snake venom components are homologous to viruses, meaning they have the same evolutionary origin or they are identical or so similar, you can't really tell them apart.

So, they believe if they can actually get venoms on the outside of your cells receptors, then the viruses floating around introduced to your body can't bind to the cell to move in and infect yourself because venom's sitting there. The only twisted notion about that is venom was evolutionarily designed or created by God to do one thing, protect the snake and kill its prey so it can eat it.

So, I have a ton of concerns about the impact of these. Oh, in fact, when you get to the receptors that venoms target, it explains every immune deficiency reaction you're seeing with COVID-19 vaccine injuries. You're seeing the destruction of alpha interferon, tumor necrotic factor, and toll-like receptors, all of which help control cancer growth in your body.

Venoms target those and turn them off so you can't protect yourself from cancer spreading. Also, T-cells, which are our antibodies that fight infections, they have nicotinic acetylcholine receptors on every single one of them. Venom kills the T-cells by binding to those receptors, and we are seeing massive amounts of T-cell destruction and the inability to fight future infections or current infections after the vaccines.



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STUDIES PROVING ENVENOMATION IS REAL

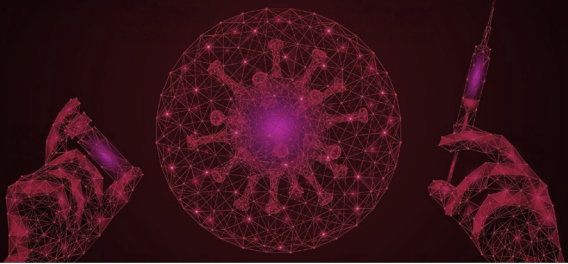
One of the things that's really nefarious in my opinion is when I discovered that not only did scientists around the world say the origins of COVID were from snake and snake venom, not only were they saying it, once I discovered that in Italy in June of 2020, they ran the blood, urine, and feces samples of all positive COVID-19 patients and negative COVID patients.

They published their finding that they found 36 different animal venoms inside the blood and feces of all the COVID-19 patients, and they didn't find any venoms inside of the negative COVID-19 group, the control group. Inside of that study was listed 15 different venoms from these weird snails I'd never heard of in the ocean called cone snails. Then also, they're called conotoxins. Then they also identified several king cobra venom neurotoxins called alpha cobra toxin, which is exactly what they found was the spike protein in France and what they discovered in China in January of 2020, the first month of the pandemic.

So, when I figured out that they were isolating and finding these proteins from the venoms of cone snails, cobras, a whole bunch of snakes in COVID-19 patients, I wanted to know if they know that they can use venoms to cause illness that looks like a respiratory infection. What else are they doing with these venoms? I couldn't believe it just last year in 2021... Sorry, it's now 2023, I know, but in 2021, there's a published study online I shared with Jonathan Otto and with Henry Ealy. I will be showing this to the whole world as we go along. They actually published that when they introduce into the human body alpha conotoxins and alpha cobra toxin, the same thing you're finding in COVID-19 patients.

When they introduce that into the human body injected inside of you, it crosses the blood-brain barrier. When it does, the researchers were wanting to know, "What receptor sites in the brain do they target in a mammal?" It actually says that in mammal cells. What they found was it specifically targets first what are called glial cells and astrocytes, which are in the basal ganglia of the base of your brain, the brainstem. Now I found this interesting. They target C6 glial cells. What would happen is when the venom attached to those nicotine receptors, they're called alpha-7 nicotinic acetylcholine receptors in the glial part of the brain. When the venom hit those receptors and bound to them, they actually cause the glial part of the brain to lay down new neurons really, really quick. They call that proliferation and they actually timed it. They wanted to know after 24 hours, 48 hours, 72 hours, how quickly is the body replicating new neurons when we introduce venom into the glial part of the brain? They proved that within 72 hours, they could create a glioblastoma, a brain tumor with venoms. Then in the abstract and in the conclusion of the study, it had one sentence. It said, "When we administered less than one milligram for every 2.2 pounds of body weight of nicotine, it had zero effect on the tumor or on the glial cell being proliferated." It didn't stop. It didn't stop its growth. It didn't have any impact. That was the only statement.

Nicotine when administered at less than one milligram per kilogram body weight had no effect on the glial cells or the glioblastoma. Now, I kept seeing that. I was like, "Well, why are you saying that? What else did you try?"



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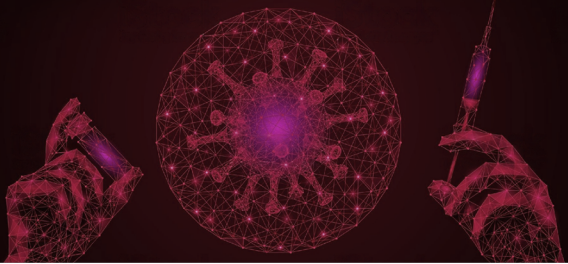
So, if you just read the summary and the conclusion, you would've never known that they actually used another dose of nicotine and tested it. If you read the study, the whole study was this, if we can create the tumor, what happens when we introduce nicotine at this dose and this dose? Let's publish the findings. When they used less than one milligram per kilogram of nicotine, there was zero effect in the study. They actually even show pictures of the glioblastoma under an electron microscope.

They show that when they went above one milligram per kilogram of body weight, the entire glioblastoma dissolved in less than 72 hours, the whole thing. What's amazing is they found what they were looking for. Does nicotine have an impact? Does it improve it? Even if we create it with venom, if we can create a brain tumor with it, will nicotine take it away at this dose or this dose? Why in the world did these authors of this study, why in the summary, at the very top of the study, which most medical doctors only look at, they want to know, well, what did the study find? Do I need to even go read it? Well, all they would've read was nicotine didn't have an effect. Well, the truth is it really did. They just didn't disclose which one, what the dose was in the summary or conclusion.



They didn't even state it had an effect that was positive, only the negative. So, I took those pictures. I downloaded that report. I cannot wait to share this with the masses. My concern is this. Over the last 20 years, there has been an exponential growth every year of glioblastoma tumors in the brain. Just published last year, they know how to make glioblastomas by introducing the same venom peptides they're finding in COVID-19 patients that were also found to be the spike protein of cobra toxin.

Now, they're publishing last year a study confirming they can take snail venoms found in COVID-19 patients, spike protein cobra toxin, and they can introduce that into the body through an injection and cause a glioblastoma and then publish that nicotine destroys it, but they didn't tell you that it did. You had to go inside the study to find it and they have the pictures to prove it. To me, it is an outright obvious red flag that everyone should pay attention to that research studies and publication groups like PubMed, the New England Journal of Medicine, JAMA, the Lancet, they are all in cahoots to cover up natural remedies even when it's found in research studies to be so. They're not even allowing you to publish that study on our site unless you take away that nicotine and fixed it. You can keep it in the body, but don't put it in the summary or the conclusions. Why? Because no one hardly reads the whole studies. I do. I love finding all the nuggets in studies.



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A CASE OF HEART POISONING: DR. RASHID BUTTAR SHARES HIS STORY

And so, I'm standing by the car trying to decide should I go to the ER, or should I go see Bryan, or should I maybe just go to a park? Because in my mind, I've always thought, "Okay, I'm going to make it well beyond a 100, and I'm barely halfway there." And I'm trying to figure out what's going on.

It didn't make sense, but maybe it was just a figment in my imagination. And so I'm literally standing there trying to decide, and for whatever reasons, the tables tilted towards Bryan. And I went to Bryan.

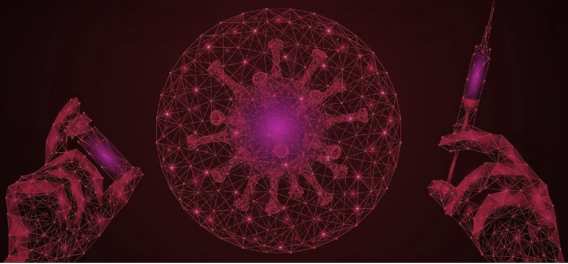
And when I got there, it was interesting because he made an observation. He said, "Are you okay?" And I said, "Yeah." And then I said, "No." And he put his hand on my shoulder to make sure I was okay, like steady. And he's looking at me. And then I told him, "I said, Bryan, I feel like my life is draining out of me. It's like it's ebbing out of me." And he told me that I looked ashen, and I had that gray look. I just didn't look good. And I told him, I said, "I don't feel good at all." And he said, "Okay, we're going to get you straight." And he said, "You're not leaving till I get you straight."

And I shared him with what I just told you about my dilemma. Should I come here or not? I was going to be doing him a disservice. And if he's my friend, why would I go there and die in his living room? How's he going to explain that? And he said something so intriguing at that moment, I just remember catching it and putting it in the back of my head, and I didn't think about it again. But he has said that to me since.

And I've thought about those words since. And he said to me that there is no place on this planet that I would rather have you at right now than here in my living room. And he did some energetic testing. I won't go into the details of all the stuff he did, but he did some energetic testing. And he told me that I had a poison in my heart. And I said, "A poison? You mean like a toxin?" He says, "No. A poison."

And he told me at that time, he goes, "I don't know what it is." That's what he told me. He goes, "But you've got a poison in your heart." And then he told me, "There's 4 chambers to the heart." And so that everybody knows as the 2 atriums that are the receiving areas of the heart that receive the blood. And then the blood goes from those 2 atriums into the 2 ventricles, and the 2 ventricles pump the blood out to the rest of the body. And the 2 chambers that pump the blood out to the body are the ventricles.

The ventricles are the right and left ventricle. The left ventricle's responsible for pumping the blood throughout the whole body. The right ventricle is the ventricle that pumps the blood throughout the lungs. So the blood comes in through the left atrium, goes into the left ventricle, gets pushed out to the body, comes back into the right atrium, goes into the right ventricle, goes through the lungs, and then comes back into the left atrium, then into the left ventricle. And that's basically the flow of how it works.



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And so the 2 atriums, on a scale of 0 to 12, the right atrium was functioning at a 3 on a scale of 0 to 12, with 12 being the best. And the left atrium was at a 4 on a scale of 0 to 12, with 12 being the best. And the ventricles, which are arguably the more important chambers of the heart, because they're responsible for pumping blood either through the lungs or through the body, were both functioning at a 0 on a scale of 0 to 12, with 12 being the best. I mean, they weren't functioning.

And I also remember Bryan saying, "God must really want you to be here because you should be dead right now." And I felt like I was dying. I mean, I felt like it was just slowly ebbing out of me. So basically, he started working on me, and he put me on some stuff and had me start taking some stuff.

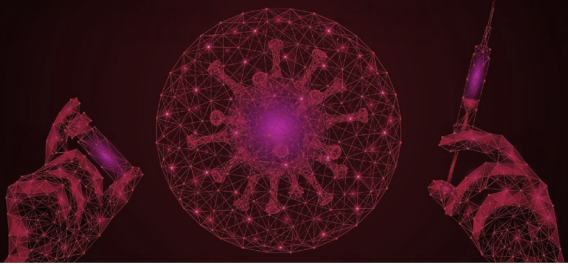
And up until this point, all I knew is I had a poison in my heart. And he tested me for a bunch of different things and found one specific thing that would work for me to help get rid of this. And so I started using it and within, oh, I don't know, 5 or 6 days; I mean, I started feeling better before I left that night. In fact, I ended up doing an interview with Bryan. Bryan was scheduled to do an interview, I wasn't scheduled to do an interview, but the interview took place while I was at Bryan's place, and I felt strong enough to do it. So it went from 2:00 in the afternoon till 7:00. So after 5 hours of Bryan working on me, then we did this interview together.

And I was still weak, but my mental state was better. And I did feel better just based on what he was doing. He was basically dosing me with stuff every 15 minutes, every 10 to 15 minutes. So within 5 days that was better. But then something else started happening. First, my feet started swelling up, and then my feet really ballooned, massively ballooned, and became volleyball-sized. My ankles started swelling up, my legs start swelling up. Then my knees go up my thighs, and then basically even my pelvis.

I was just like a distorted person. So waist above, I'm looking normal, but waist below, I was like the Pillsbury Doughboy. It was the weirdest thing. I've never seen anything like that. So if a person does get swollen, they're usually swollen throughout, but it was just edema going all the way up. And it was pitting in certain areas and in other areas it was non-pitting. And so I'm looking at this from a congestive heart failure standpoint, but no, it's not congestive heart failure because if it's failure, then you wouldn't have non-pitting edema.

And I'm trying to go through the after-load and preload, and I'm talking through all this with other friends of mine that are physicians. They had a couple of energetic workers that were helping me, and Bryan's testing me, and





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he's saying kidneys. And I'm like, "Kidneys?" And he's like, "Yeah, it's kidneys. Your kidneys are failing." And all of a sudden my cardiac system was functioning so much better.

By the way, all that chronic chest pain that I'd had for 6 years had gone within 4 or 5, actually not even that, probably in 3 days. All that pain in my chest that every day I had was gone, just gone. But basically my cardiac functioning was improving and pushing everything down. If you think about it, when your heart starts working, think about the pump. The pump's working better. It's pumping more blood.

But then if you've got a filter, and the filter's not being able to keep up with the pump because the filter's been running dry for so many years, maybe there's a problem there. And I had a couple people that had told me there was some kidney issues. And then I had another friend of mine, Dr. Group, had a test done for me and finds that I have a snake venom. I have a 2nd snake venom, I have a 3rd snake venom, I have an ant venom, and I have a spider venom.

So it's the polypus. I think that's how you pronounce it. Spider, a wood ant venom, and then I had cobra venom, sorry, no, I had a rattlesnake venom and copperhead venom. And then later we found that I had cobra venom, too. But that's what the test found. And I'm like, "What the hell? How did I get this stuff?"

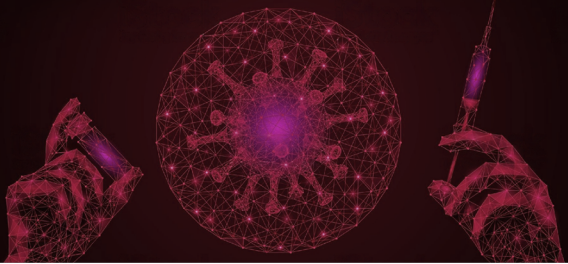
Jonathan Otto: What test was that, Dr. Buttar?

Dr. Rashid Buttar: It's a device that picks up frequencies from a biofeedback, electrodermal standpoint. And I did not talk to this person. They just did the test, and I didn't want to give them any history as to what was going on with me. So they were just doing a full scan of my system to see what they picked up. And that's what they picked up.

When he told me this, when I got the test results, I was shocked. I had no idea. But what was interesting was I was kind of excited to tell Bryan, because again, Bryan's a venom guy. And so I tell him, and Bryan said, "Actually, I already knew that." But he said, "I didn't want to tell you that because, hey, I'm the one who's talking about venom, and now I tell you that you've got a venom in your heart, and what does that look like?"

He goes, "That's pretty biased. I'm telling you the stuff that I've already told the world is affecting." And he said, "I just didn't want to create that bias." But obviously, he was happy that now I knew, and that he wasn't the one who had to tell me that it was venom. So that in itself was a very critical thing, because when you're talking to a person, and the person is all about subject A, and then it turns out that your body's being affected by subject A, then, of course, you're going to think bias.

I mean, I would've thought, "Well, wait a second, what are the chances of what he's been talking about to the world is what's wrong with me? And it's like, Come on, seriously?" So I would've probably had a hard time believing it, and Bryan probably picked up on that. I don't know why, but he told me, I already knew that, but I just didn't want to tell you that because I'm the one who's still been talking about venom.



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But by that time things were already better. So why was I having all this swelling in my feet? But think about it. If the body's got a poison, if the heart's trying to get rid of a poison, it's going to try to pump it the furthest away from the heart that it possibly can, the furthest away from the brain. It's going to try to shunt it to the furthest extremities it possibly can. And so it sent it all to the most distal area of the body, which was the feet.

And the kidneys couldn't keep up with it. And because the kidneys, again, kidneys have their own, think of it as sensors or receptors. So if something's going to come through the kidneys that's going to damage the kidneys, the kidneys are going to slow down their functioning because they don't want to get damaged. And they're trying to handle the toxicity load or the poison load or whatever that's trying to clear. But it's also not going to handle more than what the kidneys can handle.

And so it was almost like it was pooling in my feet and in my legs and in my thighs because it was too much for the body to clear at that time. The kidneys couldn't handle it, so it was clearing it as it could. And what's interesting is that once it was cleared, I thought everything was fine. And then it came back. And it came back again 4 or 5 days later.

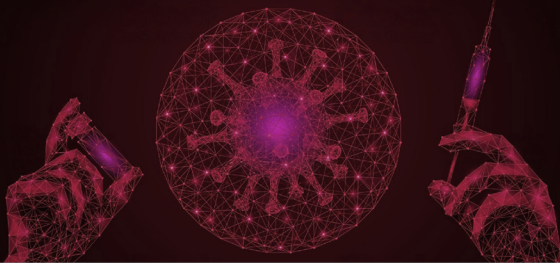
And that is where I actually was able to witness firsthand the clinical genius of Dr. Bryan Ardis. And that clinical genius was, he even told me X number of days and then he said, "Then you have to start on it again." Well, I hate taking pharmaceuticals; I was actually on a diuretic. And in my mind it's always no more than 10 days. So on the 11th day I took this diuretic, I was like, I stopped the diuretic on the 11th day because in my mind it's like I shouldn't be on something, a drug, for more than 10 days.

My swelling started going down on the 12th day. On the 13th day, Dr. Ardis checks me. He says, You need to be off of this for 4 days. He'd actually already told me this. And he said, After 4 days of being off it, you need to start on it again. On the 14th day, so it's day 11, 12, 13, 14, my feet are totally normal. I have no problems. I'm feeling good. I have another friend of mine, and I told her, I said, "I don't want to start on this drug again. I don't need this drug again. Check me, kinesiology, using biofeedback and kinesiology, and tell me if you think I need it or my body needs it." So she did. And she goes, "No, you don't need it."

The messenger RNA, the modified messenger RNA genetic modification tool, which is really what that is. When we talk about the jab, when we talk about the vaccine, that's what it is. It's really nothing more than the spike protein that's being introduced into the system. And the thing is that a person does not need to be jabbed or to have the injection to actually be susceptible to this spike protein toxin. So what do I mean by that?

So when you watch a movie, you usually want to watch the movie, and then the ending of the movie is what everybody's waiting for, what the conclusion is, what the hidden message in the movie is, or what the ending is because the more intriguing it is and the less you can figure out what's going on, that's where the suspense is.

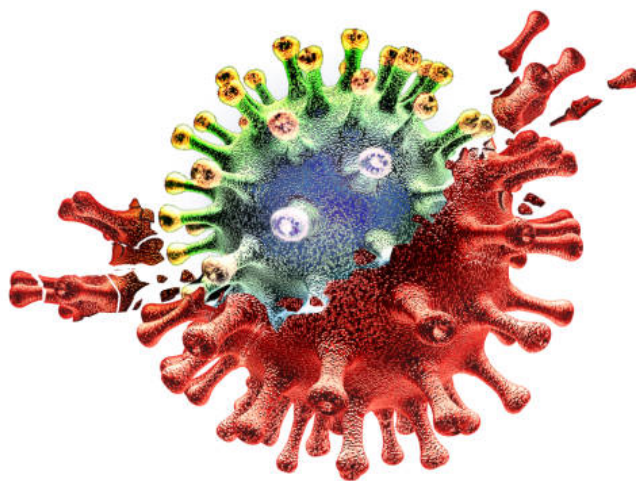
So I'm going to do it totally backward. I'm going to give you what the ending is first. So the ending is that there is this thing called the spike protein. And that thing that's called the spike protein is a synthetic analog of poisons that are coming from various spiders, ants, snakes, mollusks, from various marine mammals. It's just all poisons. And they're synthetically derived analogs.



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So these are things that are found naturally, and they've made the synthetic version of these things. And these things have a massive spike off a substance that's naturally found in our cell membranes called phospholipase A2. And these spike proteins, that are nothing more than synthetic analogs of this venom, are found in the vaccines.

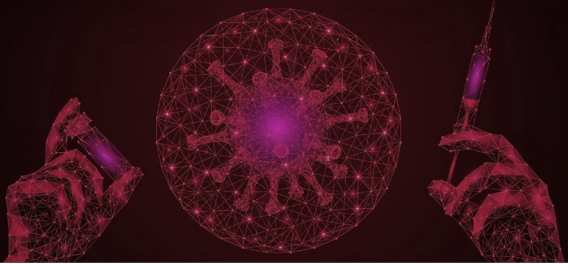


People that have gotten exposed to shedding, which means that you don't get the vaccine itself, but you're in close proximity to other people that have gotten the so-called vaccine, the messenger RNA modified genetic experimentation that is introducing this spike protein into you. So people that have been close proximity with other people are experiencing symptomology that's similar.

And that's because they've gotten what they call the shedding. The shedding is exposure of that spike protein that they have been exposed to. That's exactly what happened to me because I haven't had the jab, and I'd refused to take the jab, but I have had 2 specific exposures. One right before I gave the keynote presentation at the World Health Forum in Spain, and I was so sick that my fever had spiked up to 103.5. I couldn't walk. I needed help to get there. And apparently I gave the best lecture of my life, but that started the night before.

And the 2nd time was when I gave a CNN interview, and they'd given me some water to drink. And I remember as I'm guzzling down the water, I'm thinking to myself, was that lid already open? I remember thinking I'm paranoid. And I got sick right after that; within half an hour I started getting sick.

So those are the 2 times that I could have been targeted or poisoned, if you will. Or it could have been just because I was sitting in a plane in close proximity to other people that had the vaccine or in some other type of public space. So I don't know how I'd gotten it, but many people have experienced this viral shedding. And we call it viral shedding because nobody knew, really, what it was, but it's actually shedding off this spike protein following the normal phenomena of viral shedding.



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But this is actually the spike protein that's shedding, not a virus that's shedding. And that spike protein is, again, that synthetic analog of these various types of poisons. Once they get into your system, then they are designed by design to elicit a response in the system. It's targeting the heart cells, it's targeting the cells of the reproductive system. So testicles in males and the ovaries in females, they have found an increased preponderance of the spike protein accumulating in those areas.

And it's also being found in the neurological tissue within the brain and within other neurological tissue. Now, what is it designed to do? It's designed to reduce the population, and it's designed that in the initial onslaught that it's going to take down 4 specific demographics. And those 4 demographics are people that are obese.

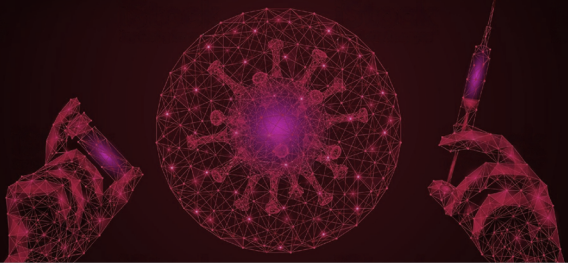
It'll take those people down. People that are diabetic. Now, people that are diabetic usually are obese, and non-insulin-dependent diabetes or diabetes Type 2 is usually characterized by people that are insulin resistant, so they end up having a larger body habitus. They usually end up being obese. And so it's designed to take those people out because the obesity aspect, the diabetic aspect. And we know that it's actually hyperinsulinemia that leads on to cardiovascular disease. And hyperinsulinemia is actually something that's characteristic of cancer, especially in the late stages when the cancers make their own insulin-like growth factor.

So it's targeting obese people, it's targeting diabetics, it's targeting people with underlying cardiac pathology. And it's also underlying people with an immunocompromised issue such as cancer. And actually immunocompromised issues are characterized by things such as cancer and diabetes.



So a diabetic is considered immunocompromised. So it's very interesting that it's targeting those demographics; cancer, heart disease, diabetic, and obesity. Now, if a person doesn't have cancer or history of cancer, or preponderance of cancer, if a person doesn't have an underlying cardiovascular history, if a person isn't diabetic, if they're insulin-sensitive and not dependent on high levels of insulin in their bodies, and if they're not obese, then they're not going to have any problem with this natural exposure from the pathogen, the COVID pathogen. But then when people go running to go get a vaccine, they end up getting inoculated with this substance, with this spike protein that is emulating a synthetic analog of naturally occurring venoms, which cause an increase in the phospholipase A2 of the body.

So phospholipase A2, when the cell member is disrupted in human cells, it's already there. But now when you get bitten by a snake or something like that, they spike 20, 30, 40 times that level. And in some various studies that were done of people that died from COVID, they found the phospholipase A2 levels to be exorbitantly high.



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THE PREVALENCE OF ENVENOMATION: A MASS DISEASE-CAUSING AGENDA WORLDWIDE

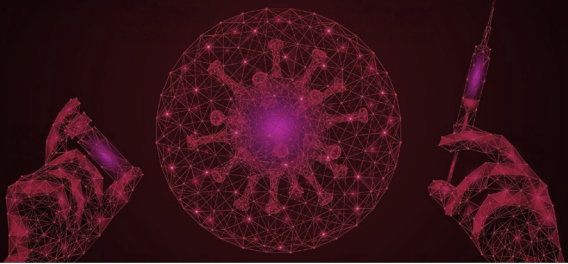
Jonathan Otto: So, the connection between these other diseases, again, you guys may have covered this, but dementia, Parkinson's, autoimmune diseases, we can't say that every single one of them are caused by venoms, but we also can't say that there's any of them that are not caused by venoms.

That's what I think based on what I've looked at. As I've read through all the therapeutic usages, it appears that these can turn on and off. Again, I didn't believe in the therapeutic use of these venoms, but what can we ascertain there if somebody has these other types of disease states where we can use the things that you've learned to help reverse these other diseases?

How do we understand that? Do we employ this? Do we take anyone with dementia and use these types of protocols to see whether it responds or did we assume that there's some mysterious connection between all these? Because we've all been jabbed with these vaccines and maybe they've all had venoms in them or venom peptides or something that interfaces.



Dr. Bryan Ardis: The more I've done over the last year, I spend hours every day late into the night doing research on all of this. I just love it. I'm very passionate about it. I am absolutely 100% convinced now that they have been introducing venom and venom peptides, venom proteins through the entire vaccine agenda for children, adolescents, teenagers, the Gardasil, the flu vaccines for the elderly, shingles, all of them.



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I am convinced that there is venom peptides used in those actual vaccines. I am. I believe they use them specifically because they know they can create all of the diseases we're now discovering venoms do cause as I dig into this.

Everyone around the world needs to focus on one thing and you're going to solve massive amounts of diseases, I believe, around the world. Right now, we're really focusing on long hauler COVID vaccine injuries. I'm telling you, all of the science behind venom research, it absolutely 100% answers every injury from the COVID vaccines.

The target mechanism is one singular neurotoxin, blood toxin, and cytotoxin receptor. It is an alpha-7 nicotinic acetylcholine receptor. So, everyone around the world, if you have a patient with Parkinson's, you as a neurologist, go look in your research studies and see what parts of the brain are implicated in Parkinson's if you don't know.

Then look and see if those neural centers of the brain are covered with alpha-7 nicotinic acetylcholine receptors. Then go study what natural things bind to those receptors to turn them on. You're going to see dementia reversed, Parkinson's symptoms reversed and improve. Whether or not it's permanently, completely cured, or you see small amounts of improvement, you're going to be shocked I bet when you do this.

Jonathan, I can show you studies where conotoxin venoms, they absolutely know they can make a person a schizophrenic with conotoxin venoms, and they know and publish nicotine reverses their schizophrenic delusions and hallucinations.

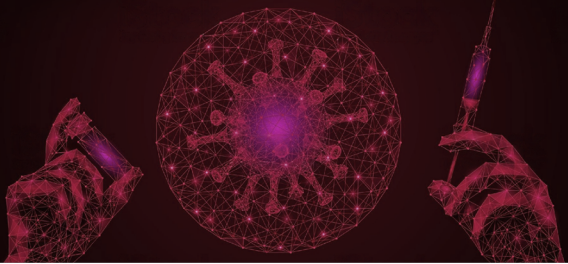


Oh, my God. How many people do you know are psychologists are recommending nicotine to their schizophrenic patients? They're not, but they know this is what they're doing.

Jonathan Otto: It's incredible. Yeah, it's what they're doing. But I can tell you this, that I just in the last 24, 48 hours, I was with a woman that just got checked into a psych ward. I wasn't with her at the time. This was all a downward spiral after the vaccine. They saw it as dementia.

I heard her saying this when they called her on the phone in the psych ward and she was saying, "They're trying to put the dogs on me. They're trying to kill me. You are trying to kill me. I don't respect you anymore." Yeah, I turned to the other person and said like, "Do you believe this is from the vaccine?"

I went through this woman's bible. She had the most beautiful things written in her Bible. There is no correlation here. She has clearly down spiraled. This is not normal behavior for her. So, that's an example where we could get into that psych ward and basically just chuck those patches on her to try to sober her out of that state to try to get this therapy into it.



DEATH BY DESIGN

HOW LOSING A LOVED ONE FUELED MY MISSION TO EXPOSE THE COVID AGENDA

THE LINK BETWEEN ADENOVIRUSES AND RETROVIRUSES & ENVENOMATION

Jonathan Otto: The adenoviruses and retroviruses, I have actually wondered whether that's code language for venom. Obviously, with the etymology of the word venom being-

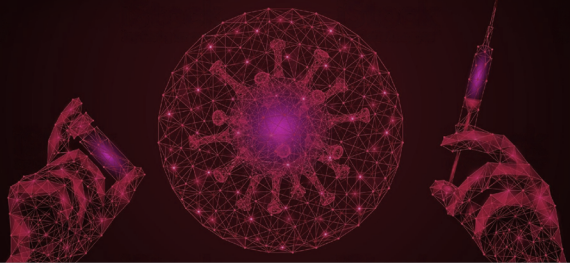
Dr. Bryan Ardis: I can prove it. I can prove it.

Jonathan Otto: Yeah. I'm looking at the words and I'm like, "I know." I just know prove that this is the venom. It's code language. It's just using language that doesn't allow us to understand or detect what they're actually saying or meaning, but then with the occult it, yay. I want you to prove it.

Dr. Bryan Ardis: In the 2017 study titled Antiviral Therapeutics from Animal Venom Peptides, in that study, they suggest the use of scorpion venom for fever, blisters, and cold sores, which is a virus, the herpes simplex virus. They also recommend scorpion venom as a vaccine for HIV. They also recommend snake venoms for H HIV, but this is what it says in the flip and research study. You are so right. All right. It actually reads snake venom molecules are homologous with HIV-1 glycoprotein.



Did you hear that? Snake venom components are homologous to HIV-1 glycoprotein. For those of you in the audience, homologous, when you look it up, just look it up, type it in Google, the definition of homologous, it actually reads similar to or similar evolutionary origin. That means HIV could have the same evolutionary origin as snake venom. Do you know what that is? It is venom. They know it's venom. They're just calling it a virus. It's a retrovirus. You just said as I'm reading stuff, it reads like venom. It is venom. They know it is. They say it's identical. They say it's homologous.



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HOW LOSING A LOVED ONE FUELED MY MISSION TO EXPOSE THE COVID AGENDA

HOW E. COLI IS USED TO MAKE SYNTHETIC SNAKE VENOM

When I first came out and said, I believe they're putting venom peptides in water and they're causing all of COVID, it's gotten even more nefarious than that. I think they can actually now, and I showed this with the Dr. Jane Ruby show and Mike Adams, I said, "I want you to right now on your computer, I want you to type in E. coli outbreak in the United States".

They pulled it up. I said, "What state right now is having the most outbreaks of E. coli in the water in America right now?" It's being reported at CNN, ABC, NBC where? And they go, "Ohio?" And I said, "Right". And I went just like this, "So, E.coli is growing at massive amounts of numbers inside the water people are drinking all over the state of Ohio. Then I showed the whole world that they know how to get E. coli bacteria to synthetically make venom in its presence.

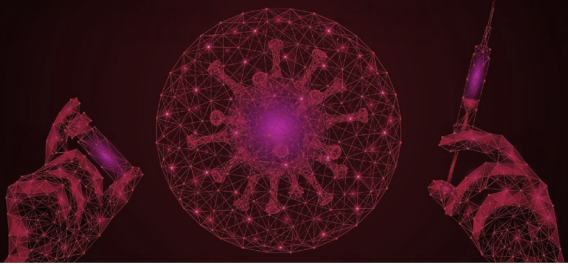
It just sucks it in. It spits out a ton more of it. It just generates. It's like little factories. It just makes whatever it's presented with, and it just sits there and makes more and more of the venom. I said, "Notice that in Ohio, they're reporting all these cities throughout the state that have E. coli outbreak in their water, which is now a threat to people. If they drink it or bathe in it or shower in it, they're gonna get E. coli infections in their body".

I said, "Now I'm gonna show you guys something and the whole world needs to see this". I think right now, even on this show, I went like this. "Do you guys know right now on the CDC's wastewater surveillance tab where they're actually testing every city in the country for COVID-19 peptides, spike proteins.

Do you know what one state right now in the entire country has the most red hot, highest levels of COVID in it? Well, look, this is where it is". Can you see the state? The only one with red and orange all over it. It's Ohio. Then I went like this. Well, let me zoom in for you people. All the red, hot COVID-19 being found in the water is in Ohio and all the cities.

And I said, "If they can reduce chlorine in your water", which they do, all they do is reduce chlorine and then E. coli starts to grow in the water. Then you can insert into the water synthetic venom peptides and make the E. coli make more venom that you're gonna drink, shower in, be exposed to. This is how they're doing it, or they're just introducing E. coli.

They're gonna create E. coli infections in people all over the place, and then they're going to aerosolize conotoxin, venoms, or others. You're gonna breathe it in. When it reaches your bloodstream, if you have E. coli in your body, E. coli generates more venom. Look at the study from Utah State University in 2018. They call it synthetic snake venom phospholipase A2 with genetic engineering. Genetic engineering is, all they did was put it in the presence of E. coli and E. coli overproduced more and more synthetic venom.



DEATH BY DESIGN

HOW LOSING A LOVED ONE FUELED MY MISSION TO EXPOSE THE COVID AGENDA

This is what they're doing. Just so you know, for your audiences, Jonathan, I think you're committed to improving the health of people. I have been speaking since October of 2021 that the actual people who are being targeted with this COVID-19 weapon are diabetics. That's number one. How does this correlate to what I just told everybody? If you look up who's dying the most often, being hospitalized, dying from COVID?

It's always diabetics. It's always been diabetics the whole time. Native Americans are the highest percentage of dying people in America right now. Blacks and Hispanics, in that same order, are the highest percentages of diabetics by race in America. What is it that diabetics struggle with? Managing blood sugar. When there is excess blood sugar in the body, guess what that does to yeast and E. coli? They can't kill it. They can't beat it because bacteria and yeast thrive on sugar.

So those who have the highest complications of coinfections are diabetics. They know they have E. coli and yeast present in their body, or if they reduce chlorine in the water of your city, they're gonna introduce to diabetics in all people E. coli bacteria that you're gonna be infected with.

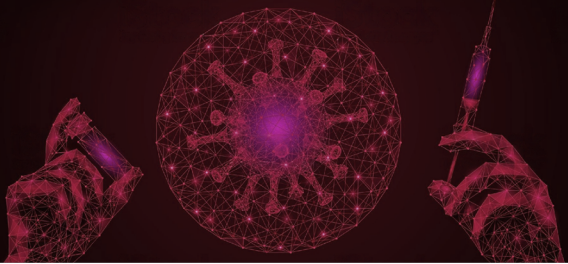
And then, all they have to do is somehow introduce the venom peptides either through vaccines, they can just inject it inside of you, the mRNA, to instruct your E. coli, yeast, and your mammal cells to make venom or they can weaponize it through the air, just put it in the water. Either way, this is how they're targeting you. So, if we wanna save a whole lot of lives, we better start educating people on how to actually reverse their Type 2 diabetes. That's the target group.

That's who's dying the most often and in 31% of all cases of people who died in hospitals, 31% of all of them that died with COVID had E. coli co-infections in their urinary tract or in their intestines. They were the ones that died. They had the highest level of PLA2 in their body, which is a snake venom component that is manufactured by yeast, E. coli, and mammal cells.

It just so happens mammal cells are the slowest to generate synthetic venoms. If you're not a diabetic and you get your mRNA vaccine, you're like, "Oh, I'm doing well", the diabetics will die, and 80% of them will die in the first seven days after being injected with the instruction to make venom, but those who are healthy enough to have normal blood sugar levels and not a diabetic state, you're gonna die later.

The threat is down the road because mammal cells generate venom slower. I showed this to all the audiences worldwide for the last two weeks. This is how they're doing it. They're finding- They're targeting all you people. Ask me if I find it ironic that the Wendy's fast food restaurant just had a massive E. coli outbreak with all their fast food chains because E. coli was found last month in their lettuce sources.

Okay, well, they're targeting socioeconomic groups also. Primarily, those are the ones, the poorer ones or lower classes, the ones at Wendy's or at fast food chains. How nefarious would it be if they actually had those farmers not put or actually spread lettuce-infected E. coli all throughout the country to all Wendy's restaurants making E. coli, infected people all over the country, making them sick, and they continued to push these variants forward?



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Oh, I wanna say something else. This is how I think they target people. Everybody needs to know this. The world doesn't know this. They didn't know it until I told you. Maybe you knew it. But did you know that the venoms found in COVID-19 patients, all those venoms isolated components have a Greek alphabet designation?

For example, Alpha cobra toxin, alpha crate venom, which is called alpha Bungarotoxin. That's what's found in COVID-19 patients. That's what was found to be the spike proteins on COVID. Do you know that conotoxins, the ones that the Department of Justice said they are most concerned will be aerosolized and used as a bioterrorism weapon, is the Alpha conotoxin and one designated O-conotoxin. Jonathan, make a guess what the O stands for.

Jonathan Otto: Omicron.

Dr. Bryan Ardis: It is omicron. Omicron conotoxins are the ones the Department of Justice said they were most worried was gonna be used as a bioterrorism weapon that's gonna cause respiratory arrest by paralyzing your diaphragm when humans are exposed to it. Omicron variants are the variant's specific components of the conotoxin snail. They are most likely- There's also Mu-conotoxins, which was another variant of COVID all over Africa about a year ago. But anyway, I just want you all to know, the alpha, beta, gamma, Mu and the Omicron variants are all designated variants of the weaponized venoms you're seeing, they're calling COVID.

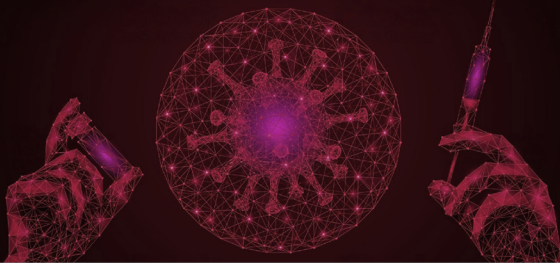
Jonathan Otto: Wow, that's incredible. That is incredible. The alpha, omicron, alpha O-conotoxin. The O stands for omicron.

Dr. Bryan Ardis: Right.

Jonathan Otto: And that 2012 Conotoxins: Potential Weapons From the Sea Department of Justice Research article, it would be the one. And so, we've now landed the plane with omicron. Now, omicron is the one that's sticking right now, right?

Dr. Bryan Ardis: It is staying around. You want to know why I think it keeps showing up? I think of all the conotoxins that are synthetically made around the world since 1979, I think omicron is probably the one they have the most of, so they're able to use it, spread it all over the world, and instruct people's bodies to actually create it.

This is what I think. Anyway, these designations of these venoms, it's pretty nefarious. But June 2020 is when that Italy study was finalized, not when it was published, but when they were done with collecting the blood, feces and urine samples in Italy, the only variant at that time in June of 2020 was the alpha COVID variant, alpha. Remember that? Alpha. Guess what was the only conotoxins found in them? Alpha. At that time, there was only the alpha variants. Well, now you've got omicron variants all over the world, and omicron conotoxins in 2012 was the second of the three different conotoxins they write. It's the second to the last sentence in that abstract on the Department of Justice's website, on the Conotoxin: Potential Weapons of the Sea. They said, "Not all conotoxins can be used as an aerosol and as a bioterrorism weapon. It's only these three: alpha, omicron, and what they call kappa conotoxins". Well, I haven't heard of the kappa variant yet. Let's see if that comes out. We'll see. Omicron, by far is the one that's actually been spread the most, I believe.



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TREATMENTS FOR THE DISEASES AND NEUROTOXIC EFFECTS OF ENVENOMATION

There's a reason why they set up these studies in the first place. I'd like to know what they're doing. So, can the COVID-19 shots that either have spike proteins in them, Johnson and Johnson, AstraZeneca, Novavax, cobra vax out of India... It's called Corbevax, but it's actually cobra vax.

Those are actually spike proteins. They're just injecting them inside of you. The spike proteins were determined to be venoms and rabies viruses. So, they're injecting you with things they know are neurotoxic, like rabies is too. All right. So, they know they're injecting this inside of you.

The Pfizer and Moderna shots are instructing your body to make them so absolutely the neurotoxic effects are out of this world scary. What I found was when the French researchers identified the spike proteins were venom peptides. They said these venom sequences, these little bitty fractions of venom proteins, they target nicotine acetylcholine receptors and they begged the governments around the world to do nicotine studies as a preventative and cure for COVID because smokers aren't ending up in hospitals dying from COVID.

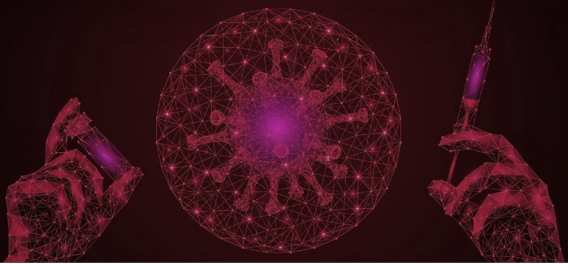
They haven't this whole time. The least demographic represented worldwide three years later of being hospitalized or dying from COVID are smokers. They noticed right away nicotine must be providing the benefit.

THE BENEFITS OF NICOTINE FOR REVERSING ENVENOMATION

Well, I just showed you in this study or this study I'm talking about and will present to the world, they know they can reverse glioblastomas that are created by venoms, a neurological tumor using nicotine. They can make it be destroyed. This is the principle behind the nicotine part of this therapy.

If people are injured, or have long hauler COVID symptoms, it's because these spike proteins, these little fragments of synthetic venoms are bound to nicotine receptors 100% of the time. Your symptoms are 100% caused by venom peptides or glycoprotein spike proteins bound to nicotine receptors. When you take nicotine, God designed the body at these nicotine receptors to have the highest affinity to grab nicotine and let go of anything else.

So, a venom is there, a poison's there, a heavy metal's there. It doesn't matter. The body grabs nicotine and lets go of the venom and then the nerve works again. So, your sensations of hearing, taste, and smell that a lot of people lost, hair loss, brain fog, a lot of that stuff is restored simply by putting nicotine into the body and then the venom gets let go of those receptors or cells and then the humans themselves have to do something to detoxify or denature the venom floating around in their body now. It's freely floating around.



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If that venom, for example, is going around your bloodstream now because you've taken nicotine bound that to receptors if the venom happens to be circulating through your blood and gets into your pancreas where B cells are, B cells are completely covered with alpha-5 nicotine acetylcholine receptors. If the venom hits it, you're going to start having the inability to control blood sugar.

Eventually, you'd be diagnosed as a diabetic. I mean this is exactly what venoms do. Whatever organ they get into, whatever tissue they target, they're going to injure it and cause harm, and then the symptom will be related to what organ it's bound to. So, the key is to use nicotine to get it off.

Then there are principles, and nutrients you should put in the body that are proven to detoxify and break down spike proteins or venoms. You can call them whatever you want. They're venom peptides. That's what they are and that's okay. We can call them whatever you want, but to detoxify venom, you better go figure out what the research and pharmaceutical companies know and do it. There's a few published inhibitors, detoxifiers, and denatures of venoms, and we should tell you what those are.

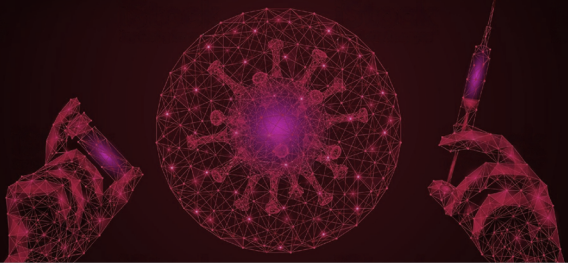
For anybody trying nicotine and you have long hauler COVID symptoms, you need to take, I would suggest, small amounts of nicotine at first, starting with two milligrams a day. The body will start letting go of venoms. Wherever those venoms go, you're going to have symptoms.

RECOMMENDED DETOXIFICATION SUPPLEMENTS TO TAKE WITH NICOTINE TO DENATURE VENOMS

So, at the same time, you want to be taking things to detoxify the venom floating around. Venom can live in the body for 10 years. Even after you've been bitten by a snake and been treated, the venom can still be identified in your body 10 years later. Well, if you take certain nutrients, you can destroy them and get them out. So, this is what I recommend from research. Spike proteins, glycoproteins, venom peptides, all the same thing, all of them can be denatured, and detoxified using these things and it's published by them.

Vitamin C is a natural inhibitor of venoms. *Mucuna pruriens* is an herbal extract, a liquid from the velvet bean plant. It naturally inhibits the spike protein venoms of krait venom called Bungarotoxin and cobra toxin. That's been published since the 1970s.

That plant can inhibit it. Also, licorice root, inside of licorice root is a compound called glycyrrhetic acid. If I mispronounce it, that's okay. Don't hold me guilty. But glycyrrhetic acid out of licorice root is a published antidote to snake bites and snake venom and to spike proteins, which are venom peptides. So, that's another one. N-acetyl cysteine is another published inhibitor detoxifier of venoms and venom components, even the venom components that are disclosed to be inside of the researcher's research papers to do mRNA gene editing therapy vaccines, the people who created these shots. They use snake venom to do it. So, those components are actually detoxified by glutathione, NAC, vitamin C, EDTA.



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A heavy metal chelator is an actual complete inhibitor published to destroy venom in the human body and in all mammals, EDTA. So, as you're taking nicotine to get the venom off your cells, you need to be taking something to detoxify it. A good list of these, is glutathione, NAC, vitamin C, EDTA, glyceric acid from licorice root.

Commercially around the world, they detoxify all venoms. Before they inject it into a human as an antiviral vaccine, which they're already doing, they publish that in order to detoxify the venom, before they'd inject it inside you because they say if they injected it into you directly, it'll kill you. So, they have to detoxify it. They say their favorite way to do it is by using hydrogen peroxide.

Now, there are principles behind using hydrogen peroxide. Do not use the stuff at CVS and Walgreens if you're sick or injured. That's 3% hydrogen peroxide. It has stabilizers in it that makes it not good for you to ingest, so don't do it. There are 35% hydrogen peroxide that's food grade, and Dr. Ealy and I are putting together a protocol now of how to use that successively.

There's ways of doing it and lots of people have published it. It's just not something I've used in practice for 20 years, but we are thrilled to bring this to the world. They know they can use this to detoxify people. In fact, when I found this about two months ago, I knew that this is why hydrogen peroxide in the nose and in the mouth before taking a PCR test... This is why it was helping people test negative for COVID.

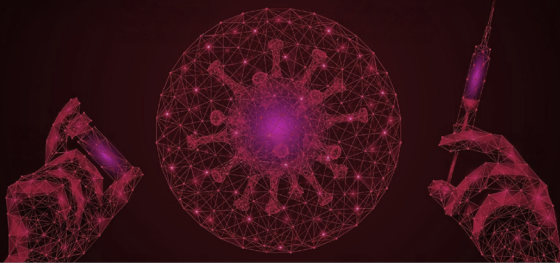
Hydrogen peroxide detoxifies venom. The PCR tests were nothing more than being utilized as they've been utilized for 30 years to do snake venom research and confirming the presence of snake venom. That's what PCR tests are used for exclusively all around the world, identifying venom peptides in tissues of animals, humans all around the world. So, that's how hydrogen peroxide was most likely working, and that's what they published. It detoxifies venoms, which is phenomenal. So, it can help us. We know these are some of the healing principles we're very excited about. Then there's other ways to bind two venoms and draw it out. One of the main minerals that are depleted by venoms is zinc.

We've gone over this many, many times. It specifically targets zinc. It also specifically targets copper. I will say it here for Dr. Tau Braun because I like that guy. He's created a product called Copperine. It's a vaporized copper and zinc product that you just inhale to get copper and zinc back into the body.

You will die as venom is destroying zinc reservoirs. That is another one that everyone needs to be focusing on. Also, just so you know, zinc is destroyed by venoms. Number one and number two published side effects of a zinc deficiency are loss of taste and smell and hair loss, which is what you're seeing worldwide with COVID.

Well, what was identified in the COVID-19 patients in Italy was snake venom that destroys zinc reserves as a part of the cascade of venoms they isolated in the blood and feces of all COVID-19 patients. This is most likely why zinc was so important to help us.

Jonathan Otto: Amazing. What's interesting about that as well, tell me if I'm right on this, is that the reason why people that got injured or after COVID itself had metallic tastes in their mouth?



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Dr. Bryan Ardis: That's exactly why they did. Yes.

Jonathan Otto: That is associated with snake bites. So, anyone can look that up and just Google that and see that from mainstream sources that if you get envenomated, you are likely to get a metallic taste in your mouth.

This is what people are reporting as well. I don't know of any other conditions that causes a metallic taste in your mouth. I'm sure there may be something, but yeah, that's certainly the common one. So, we're blinding to these agents and we're assisting the body to get the absorption of these into our cells. Okay, that's great.

Dr. Bryan Ardis: I will say something here, Jonathan. It's going to help the audiences. I think it'll help medical doctors, scientists around the world, I'm hoping and praying. As you go into looking at how venom peptides, the glycoproteins they're calling spike proteins, all of the research they're publishing, if you will just focus on nicotinic acetylcholine receptors and all sites throughout the body, those are the targets, the primary targets of all the spike proteins they're calling COVID. I mean those are the targets. They line your brain, they line their heart, they line your testes, your ovaries. They're even on the outside of your T-cells. They fight infections. I mean, this is what venom targets.

If you really want to get really good at identifying how to save people, you need to research or use drugs or compounds or natural substances, I prefer nature, natural substances or medications that are what are called agonists, A-G-O-N-I-S-T, of alpha-7 nicotinic acetylcholine receptors.

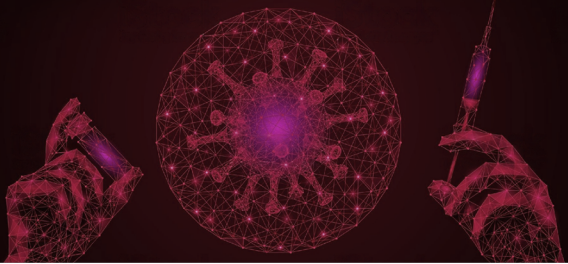
There are a few drugs that they've developed to do that. Nothing is better than nicotine. Ivermectin is also an agonist for alpha-7 nicotinic acetylcholine receptors, which is why it worked for so many. But what was interesting is when people were taking Ivermectin to try to beat their long hauler COVID symptoms, they were taking it every day for like six months.

When I would tell them to chew nicotine gum, taste and smell, tinnitus, brain fog, deafness would be restored in 45 minutes for some people when they were trying Ivermectin for months. The truth is God perfectly designed these receptors to bind and prefer nicotine over anything else.

Venoms, ivermectin, you name it, it doesn't matter. The body is perfectly designed to use nicotine.

As you watch the agenda around the world, it's going to become very clear to you. They know this about nicotine. Why do you think Canada, England, New Zealand, Australia, and America in the last six months have taken on national health agendas to eradicate all nicotine products from the country?

Now, Joe Biden four months ago says, "For the first time ever, we're going to make all cigarette makers in America reduce the amount of nicotine they're allowed to put in their products." Not anything else, just nicotine. There is a reason why they're doing this and it's an all-out assault. They want you buying their drugs. They want you buying their vaccines. They want you to get hurt with the vaccines so they can sell you drugs for whatever disease they created in the future for that problem. I don't trust these groups. It's very obvious what they're doing. So, if you



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want to learn how to protect human beings around the world, I don't care what the symptom is, whatever it is worldwide, it doesn't matter what the side effect, what the injury is, please go look and see.

For example, if you now have a patient that can't breathe, is now on life support after getting a COVID-19 shot, look at the respiratory centers of their brain, see if they've been injured, look and see if they have nicotinic acetylcholine receptors that make them fire. If they do, please get them nicotine. Jonathan, I couldn't believe it there's a study out of Wisconsin. They took COVID-19 patients, the few that actually were chronic smokers who were so sick, they were in hospitals on the COVID protocol, intubated, Remdesivir.

It's very cool they published last summer that how they got them to not die was they actually put nicotine patches on their body and not a single one of them died. Isn't that amazing? They did that in Wisconsin just last year, but no one's talking about it. They just slapped nicotine patches on them because they're being intubated and none of them died. They all recovered. Isn't that amazing? That's amazing. Amazing.

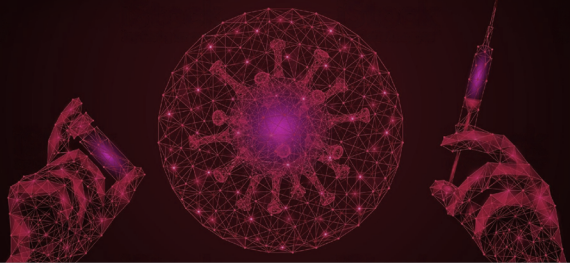


Jonathan Otto: It's so amazing. Basically, you can be like this. Oh, I just want to see my friend at their bed. Then you can just go and whack it somewhere where the nurse isn't going to find and then you just go whack that thing on them and just back right off. Then just keep doing it and send in different family members to do it so they can't work out who's doing it. Then just get those patches on them.

Dr. Bryan Ardis: Get the patches on them. It's like so many people. How many people save lives of loved ones just going in and sneaking Ivermectin in a creamer lotion on the legs of their loved ones they were told were dying?

I mean, it's amazing that we have to do this, but it's very, very sad when it's published, but none of the other medical professionals are talking about it. I mean, seriously. Wisconsin publishes that nicotine patches kept critically ill COVID-19 patients who were also chronic smokers, they only turned around when they gave them more nicotine. Isn't that amazing? I mean, this is amazing.

Has Pierre Kory ever mentioned this study out of Wisconsin? Has he ever said nicotine is a positive allosteric modulator for COVID? No, but his own state published this study that it worked and no one died it when they were dying. It's phenomenal. Anyway, I find it interesting that not a lot of people want to talk about it when it's in their published literature.



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ANECDOTAL EVIDENCE OF NICOTINE AS A HIGHLY EFFECTIVE TREATMENT FOR ENVENOMATION

“Nicotine is not addictive. They have told you it is, but it isn’t. Harvard confirmed in 2015, nicotine is not addictive.”

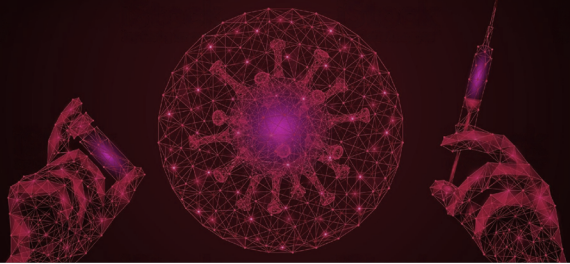
So just two days ago, I was in Florida at a convention doing a health summit for owners of a flight school with their pilots, how to scream pilots for heart issues, myocarditis after vaccines, blah, blah, in order to allow them to be up in the air and flying without danger or risk, trying to minimize that with evaluations.

At dinner that night, an attorney sits in front of me with his wife. I had never met his wife until this day. He goes, “Hey, Dr. Ardis. I heard your presentation about the Venoms at this flight school.” He said, “I heard your talk on the venoms. I have a question for you. My wife got bit by a scorpion on her hand at home eight weeks ago. She’s sitting right in front of me, and he tells me ever since then, she got treated for the scorpion bite at the hospital. Ever since then, she’s had neuropathy pain, shooting pain down her arm, up her neck, and down her jaw. That’s really impacting her ability to use that arm. He goes, “Do you have any recommendations for me or for her?” I said, “Yeah, I’ll text him to you right now. So, you have them on your phone.” There’s no question about dosaging. The very first thing I recommended was nicotine.

Now at the table, Josh Yoder’s there of US Freedom Flyers, he actually had a can of little nicotine pouches he sucks on. He goes, “Hey, I’ve got nicotine right here. You want some?” I didn’t have any nicotine products that I could give him. I just had a patch on me at the time. But the hands are a pouch and I said, “Well, how much is the dose?” It was six milligrams.

My text already to the attorney husband was, “I would start with two milligrams.” I already told him how to use it. I’ll explain this to you all. So, I just said, “This is what I would use for now. Then I’d scale up with the nicotine dose over the next few weeks.” I’ll explain it here in just a second, but I need to reiterate this story because you’ll get it. The next morning, which was yesterday, I’m at the airport ready to fly back to Dallas and the husband calls me while I’m at the gate. He goes, “Dr. Ardis, I need to talk to you. My wife started sucking on the nicotine pouch that we got last night, and in the third minute of sucking on the nicotine pouch, all of her nerve pain disappeared.

She is now bawling, crying on the bed as she’s just sucking on this nicotine pouch, because it’s the first time she’s had relief from this fire-like pain in her arm for the last two months. I said, “That’s great. Make her spit it out, because if the nicotine got to the nerves, the venom let go.” Now she got stung by a scorpion. We know she has venom for sure inside of her, but this is the principle. The nicotine provided the relief. Why? God designed nerves to grab nicotine and let go of venom. It’s awesome. This is why Native Americans use tobacco plants and leaves on their animals when they get bit by snakes because nicotine and tobacco blocks and inhibits venom from killing their animal. That’s how it works. All right.



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So, I told them to spit it out because she's going to get really sick. He goes, "Actually, she's already getting nauseous and pukey. I asked her to spit it out. I already took it out." I said, "That was just too much. You need to do a smaller amount, but this is really great because now she can see the impact and benefit of nicotine." It was almost immediate. My concern was, where'd all the venom go? Because it's now circulating in her body. It let go of the nerves causing nerve pain. That now was relieved, but where was it going? It's going to circulate in the blood, go to her liver, her kidneys to be pooped out and peed out eventually in her intestines and bladdered.

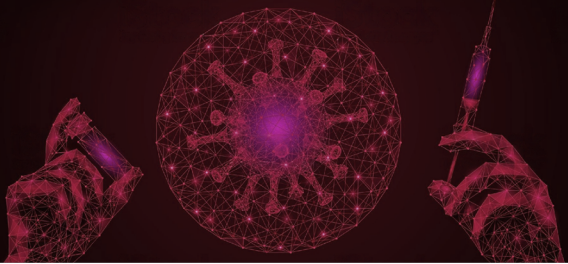
So, I knew she was going to get nauseous and pukey most likely because she has a lot of venom inside of her, so you have to denature that. My instructions were the night before, which I would give out here, in her case, I said and with all COVID cases, I said, "Just start with two milligrams. They have either gum in two milligram sizes, or you can buy patches of nicotine and cut the patches into smaller pieces." I purchase 14 milligram patches and I cut them into six pieces. Yeah, I cut into six pieces and I wear one every day. That's just what I do every day, and that's about 2.2 milligrams or so. I'm doing that just to prevent getting COVID again, because I know they're going to keep spreading venoms all around the world try to make you sick to convince us to get more vaccines.

So, that's why I do it. So, I do two milligrams. I've actually increased it to now three milligrams sizes of patches. I just made them a little bit bigger or you can use the gums. I would recommend starting out with one-milligram gum, two-milligram gum, or cutting into small pieces of patches and wearing them. Then at the same time, remember, you cannot ignore this, the venoms coming off your nerves or off your cells. You better start denaturing it because it's a poison and a toxin. So, use vitamin C at 5,000 milligrams a day split up throughout every day, NAC at 2,000 milligrams every day. I would use the licorice root or licorice root tea and drink that twice a day or take supplements that recommend, look at the bottles.

I don't have a licorice root product, but you can find licorice root all over the place. I would look at the labels for the highest amount of glyceric acid in licorice root. If you have several, you're looking at on a shelf, turn them around or online, look at the supplement facts panel, the back panel, it'll say licorice root glyceric acid amount. Just compare and get the one that has the highest amount and follow the dose on the actual bottle. Then selenium needs to be supplemented. Selenium with NAC helps the liver make glutathione, which is a natural inhibitor and detoxifier of venoms. Oh, my goodness. If you guys have venom or have symptoms of long hauler COVID injury from the vaccine, nicotine needs to be used. It just needs to be started a small dose.

If you do two milligrams every day, after a week, you're not vomiting, nausea, you're just seeing improvements of your symptoms, then bump it up to four, then bump it up to 10. I mean, I was just with Josh Yoder. He was telling me he sucks on six-milligram nicotine pouches every hour. I don't know how he does that. I've never done that, but some people can tolerate huge amounts of nicotine without any symptoms whatsoever, just improvements. My wife, she had total loss of taste and smell for two years. It didn't matter what I did for her. Once I uncovered that nicotine was the antidote to COVID all along, I told her to get nicotine gum. You know what she said? I don't want to take nicotine. I don't want it to be addictive.

Nicotine is not addictive. They have told you it is, but it isn't. Harvard confirmed in 2015, nicotine is not addictive. They published that tobacco companies added chemicals to their cigarettes called Puracyn that make tobacco



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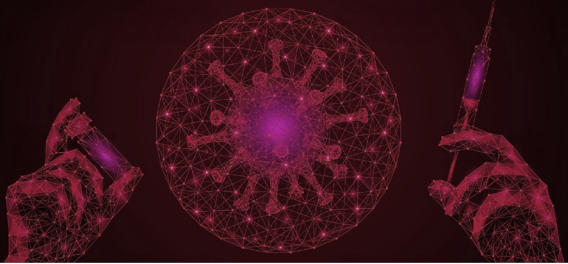
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smoking addictive. Nicotine is not addictive, but they've convinced you it is. So, don't be scared of that. But I had to get my wife out of that. My wife for three months wouldn't try the nicotine as I'm doing all my venom presentations about COVID until a medical doctor in Australia reported to me in a media interview that she got COVID two years ago. She lost 100% hearing in her right ear and her ear doctor, hearing doctor told her she had permanent hearing loss for life. She had no hearing for two years.

When she heard my presentations about nicotine, she chewed nicotine gum for one day, a two-milligram tablet. She chewed just one. In 45 minutes, all of her hearing was restored. Now, how miraculous is that? My wife, after hearing that now, that testimonial of the hundreds that came in during those first three months, she drove to Costco, bought a case of Nicorette gum without telling me, and then started chewing two-milligram tablets for 10 minutes four times a day. Then on the third day, she decided to reveal to me that she had gone and bought Nicorette gum and didn't tell me, but why she wanted to tell me now on day three was after two years of zero taste or smell, 100% of all of her taste and smell was restored on the third day of using nicotine gum.



This has been the massive blessing to so many people. Tinnitus reversing in just days, brain fog in several days, oxygen levels coming up to normal for the first time ever in 15 minutes, 30 minutes after the first nicotine gum that they chewed. This is just phenomenal. Once you understand the weapons are designed to target nicotine receptors and they've known all along nicotine was the perfect antidote to block the venoms, not to get the venom out of your body, but to block them from hurting you, there was an all-out assault to convince people to stop smoking, get away from tobacco products, and then lie to the whole world that smokers were the most at risk for getting COVID. They weren't. They never were.



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Three years later, there's less than 2% worldwide hospitalized and patients who died from COVID, which supposedly was a respiratory disease. Less than 2% of worldwide hospitalized and people that died from COVID were actually smokers. It's the lowest demographic in the whole world of any group of people. It's the smokers. So, anyway, it's been a very exciting thing. I would use nicotine in small amounts and work my way up. I'll just give you a history of this. When I decided to use patches the first time, I bought a 14-milligram patch and just stuck it on me, now I did it because I felt symptoms after a conference. I was just feeling tired. I didn't have anything else, and I put it on me. Within 20 minutes, my body got real hot and I got real nauseous.

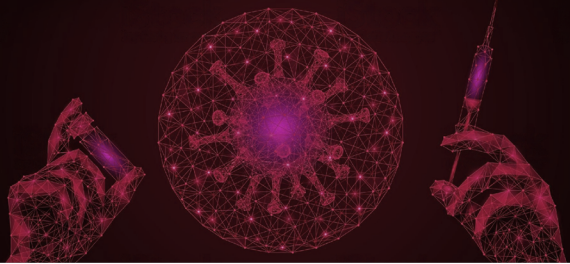
I literally was hugging the toilet for an hour and puking. I mean, I immediately ripped off the patch. I knew it was too much nicotine at once, and I most likely had venoms in my body, obviously. So, when the body was releasing it all, it just got real nauseous all of a sudden. So, all I did, immediately after I get up and I feel all better, I actually cut the actual patches immediately into six small pieces that equaled about the size of a two-milligram piece of gum. I wore one every day. Ever since, I've never had a symptom, never had an issue, no nothing, and I just am slowly increasing the dose one at a time. The truth is throwing up a diarrhea is not bad for you. That's what God designed the human body to do to get poisons out of you.

For example, you go to a restaurant and you get food poisoning. How do you know you have food poisoning? The first thing you do is you get nauseous and want to throw up and have diarrhea. The body's designed that when it sees poisons in the intestines, spit it out. You're either going to throw it up or you're going to get it out through pooping it out, through diarrhea. This is how God designed your body to purge toxins and poisons. So, when you put nicotine in the body, do not be afraid. If you used even a two-milligram piece of gum and you started getting nauseous, don't worry about that. Cut it in half or cut it into quarters and do little ones.

If you get nauseous from nicotine, you have venom in your body or spike proteins or poisons of some kind tied to your nicotine receptors. Now, they're being released and your body has to get rid of them. If it's too much at once, you're going to get pukey and sick. So, just do it slowly. I mean, there's not anybody on the planet who says if you have parasites, for example, you should kill them all at once. No, they know you're going to get really violently ill from the toxins and the parasites you're killing. So, they don't say, take 100 grams of Ivermectin one day and kill them all.



No, they say, "Do it slowly. Take a little bit every day and kill the worm slowly so you don't get sick." It's not about the fact that it's not effective. You're going to have symptoms with poisons and toxins in your body. That's why you have symptoms anyway. When you release the venoms and poisons into your blood, lymph, or intestines, you might get symptoms. If it's too much, just reduce the dose and have faith in God's creation. It'll work out.



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NICOTINE: TREATING SERIOUS POST-VAXX & COVID (ENVENOMATION) SYMPTOMS & DISEASES

Jonathan Otto: Lobelia is a natural tobacco substance out of India, so people can get access to it. Are you familiar with it?

Dr. Bryan Ardis: I have heard of it. I have heard of it. I love it.

Jonathan Otto: The study showed that one milligram per kilogram of body weight in a 72-hour period, that's per 24-hour period. So, if I'm 70 kilograms, then that would be 70 milligrams, which would be basically me putting on three 21-milligram nicotine patches in the 24-hour period all at once.

Dr. Bryan Ardis: This is what they proved in the study could be done with a brain tumor. I'm going to tell you right now if you release that much venom with nicotine, you better have the mammal, the human under anesthesia, because the venom's going to come out of the brain, out of the cerebral spinal fluid.

It's going to go into the bowels to be excreted. You're going to get nausea, vomiting. You're going to feel very sick. It's going to make the person uncomfortable. However, it would be over in 72 hours without the need of surgery, chemotherapy, radiation. Are you kidding me?

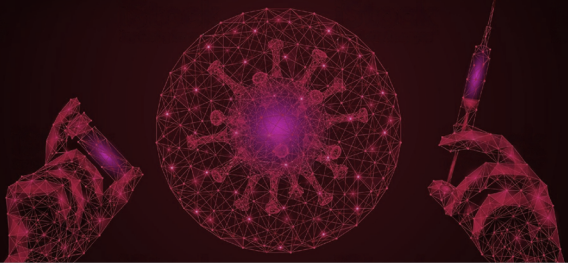
You found something that would do it in less than three days. Now, I wasn't those scientists, but they were. They take the same principles they use in animal studies like this mammal study. They take those same principles and now go do clinical trials with humans. It's incredible.

This is exactly what people should be looking for. How do we take advantage of the knowledge published that nicotine has this effect to destroy brain tumors? We know they can do it with the same venoms we're finding in COVID-19 patients. They know they can create brain tumors with this stuff. They're doing that research during the pandemic with the same venoms.

Jonathan Otto: Was that study an animal or a human with this 72-hour period with the glioblastoma?

Dr. Bryan Ardis: No, it's in rats, if I remember right. It actually specifically says introducing cobra toxin and conotoxin past the blood-brain barrier of a mammal. That's how it's titled. So, they know they can do this. They know that mice and rats have very similar physiology to humans. That's why they experiment on them first.

Well, if you can create a glioblastoma and reverse it, man, everybody should be trying to find ways to get nicotine, do nicotine studies, use nicotine to help the body, and then use those things that they have published naturally inhibit and destroy venom circulating around in the body.



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WHAT'S NEXT?

There's still so much to be uncovered about the mass envenomation agenda. Dr. Ardis is determined to expose everything. This isn't about fulfilling a sense of curiosity, but a God-given mission to investigate the truth behind the world's biggest crime against humanity.

So many people are living with diseases right now and have been seriously impacted by these COVID bioweapons. People are taking their lives because they can no longer bare the pain. They've lost their ability to work and earn an income, they're suffering immensely, and so many of them don't know the truth still.

People have lost loved ones. And they're asking themselves if anything could've been done differently.

The global government is not on our side, the health authorities do not care about saving lives. Many have lost their faith in the healthcare system.

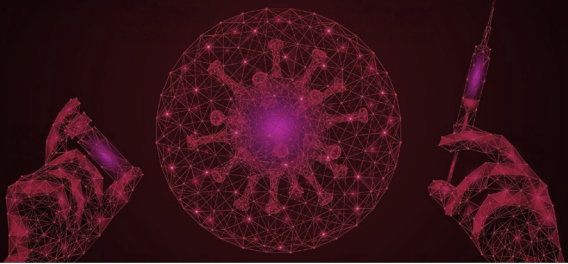


Many of us have had our eyes opened to the painful truth. The only way any of us will survive is by adopting a discerning mindset. Start getting comfortable enough to question everything you've ever been told.

Because we've all grown up being brainwashed without even realizing it. You don't need to fully understand every detail about Dr. Ardis' research to know this is real.

We all know someone who has been affected by this agenda, or we have experienced it ourselves. We all knew deep down that something wasn't adding up, that this was no "coincidence", and that COVID never truly fit the description of a "respiratory illness".

The evidence is clear enough to show that this is undeniably a reality right now. And there are hundreds to thousands of inspirational stories about how the treatments Dr. Ardis keeps recommending everyone takes, over and over again, have been saving lives. And reversing ongoing, life-altering symptoms.



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IN CLOSING

Dr. Bryan Ardis: So I'll just tell you right now. Conotoxins are known to cause seizures. In the brain of a human and their entire body, they're known to cause lymphedema, which is increased lymph nodes enlarging throughout the body, which you're seeing all over the place, post vaccines and injuries. They actually are known to cause hallucinations and delusions. Isn't that interesting? Hallucinations and delusions are what conotoxins can cause, once introduced in the body.

When you actually read a document, it says if there's a scuba diver that gets stung by one of these conotoxin snails, when you take the person to the hospital and you're treating them for the venom to try to save their life, they say everyone attending to the care of the individual has to every few minutes, on bandage their digits, their toes and their hands, to make sure that their digits stay pink.

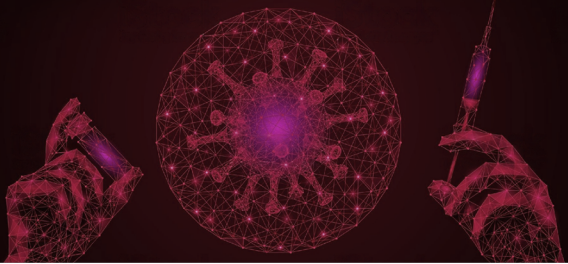
Do you remember? Do you remember what they called COVID-19 toes, where they would turn purple and black and then have to be amputated? This is a side effect of venom, including those from vipers and cone snails. They actually destroy and create micro-blood clots that leads to stoppage of blood flowing through your digits and then your digits turn black into crows. There was a horrible, horrible, horrible, horrible story of Rodney Bradley, who actually died recently, but he was given Remdesivir, had COVID, and his toes and his fingertips all died. And they turned into like stone. I actually interviewed him here in Dallas before he passed away, but it was all a result of having COVID then getting Remdesivir.

It was horrible. But these are published side effects of venom, people. You need to pay attention. It's really okay that people don't want to look at this, but you obviously don't give a crap about people if you want to ignore this topic because every symptom of COVID-19 can be pinpointed to venom, every major side effect and death caused by COVID-19 shots can be attributed to venom, everything you can actually summarize is in venom.

So anybody that doesn't wanna look at it, you obviously don't give a crap about humanity. So that's that's how I'm gonna start to become as I continue to show the evidence behind all of this. And I will continue to show you. So, you can call it a virus if you want to. Just remember, think it's a virus carrying venom and then go treat it as if it's envenomation and you'll save their life.

There's a couple of things I wanna make sure you know because this is about saving lives. I did not speak out about Remdesivir because I wanted you to know who I am. I wanted you to stay alive and not experience what me and my family experienced when a hospital killed my loved one, my father-in-law. So, I only spoke out to keep you at home and to not trust the medical profession or the hospitals. Do not trust the hospitals particularly.

We have banded together with a bunch of medical doctors who are awake to try to preserve lives and knew early treatment was better than the hospitals, thank God. In this realm of speaking, my goal is to keep you alive.



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The nicotine receptors inside the brain, inside your heart. Not in your lungs, in your brain, in your heart, in your kidneys, intestines, testes, and ovaries. That is the number one target for all COVID-19 bioweapons.

Either the COVID-19 infection, they wanna call it, which is actually venoms or the bioweapon of the mRNA COVID-19 vaccines or the spike protein injected Johnson & Johnson, and AstraZeneca shots. It doesn't matter. The mRNA are telling you to make the venom or they're just injecting you with venom with the Johnson & Johnson, and AstraZeneca shots. That's it, there's nothing else to look for. So if you're gonna treat them, you better treat them for venom.

So I'm gonna tell you this to save your life, you've got nicotine receptors that are most have the highest affinity to grab nicotine. The second thing it prefers, if nicotine is not present, is ivermectin. However, in that Italy study with the 36 different venoms, you not only see that there's neurotoxins targeting nicotine receptors, but you also see what are called zinc metalloproteinases. These are venom components that shred zinc and copper out of your body. You better be supplementing zinc like you have been this whole time.

Joe Biden's administration just said last week they expect before March of next year, the next 5 months, they expect 100 million Americans are gonna be diagnosed with COVID. That means you're gonna be diagnosed with venom. So, how are you gonna prevent it? You better have nicotine around, either in gum or patches. I don't care what it is. And you need to get zinc supplement and take it every day. Oh, my God. You've got to have zinc. They're using these weapons to kill you to deplete zinc. Snake venom destroys zinc. And they found in that Italy study, they found several snake sources of zinc metalloproteinases, enzymes of snake venom that destroy zinc in the body.

This is why zinc recommended by Zelenko and Ben Marble were so effective. Supplement zinc. You need zinc. Now, outside of that, everyone who's gotten these shots will be shut down by shots. Anybody who's got COVID, it doesn't matter. It's all venoms. You need to pay attention here.

If you wanna stay alive, just trust me. Just take the stuff. Even if you don't think it's venom. If your loved ones have been injured by the shots, you better start taking EDTA as a supplement, E-D-T-A. This is a published inhibitor of venom. It denatured and destroys venom when it's in the body.

Everybody should be on EDTA. Everybody should be on zinc. Everybody should be on. What was the first thing I mentioned? Nicotine. Also, there's an extract of a plant called Mucuna pruriens. It's the velvet bean plant. Take that liquid extract. Take it daily. This will be a preventative for the venoms that you could be exposed to in the future variants of omicron conotoxins or whatever versions of venoms are gonna be spreading.

And then if you're gotten the shots, are getting shed on around people and you start having symptoms, make sure you take nicotine, Mucuna Pruriens, zinc, and take your EDTA. I'm telling you- On top of EDTA. EDTA would be the first denature of venoms, and then it goes glutathione, NAC, and Vitamin C. That's what I would recommend. You've got to have those on hand. If you want to protect and preserve your life, do it.

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ABOUT JONATHAN OTTO



Jonathan Otto is an investigative journalist, natural health researcher, documentary filmmaker, and humanitarian.

In addition to serving as a producer for *The Truth About Cancer* and *The Truth About Vaccines*, Jonathan has created several highly-acclaimed, groundbreaking docuseries — *Depression, Anxiety & Dementia Secrets*, *Autoimmune Secrets*, *Natural Medicine Secrets*, and *Autoimmune Answers* — covering innovative, effective natural remedies for autoimmune disease, neurodegenerative disease, mental health, cancer, and heart disease.

These docuseries — watched by millions around the world — represent Jonathan’s unceasing quest to discover the root causes of debilitating diseases by interviewing over 120 world-renowned natural medicine doctors, scientists, natural health experts, and patients.

In response to this life-saving knowledge, Jonathan created **Well of Life**, a line of doctor-formulated, 100% natural supplements specially designed to detox and fortify the body.

When the global elite took away the human and medical rights of people around the world — and coerced billions into taking the toxic, experimental COVID “vaccines” — Jonathan was determined to get the truth out, despite being repeatedly censored and deplatformed.

He interviewed the world’s top medical doctors, health experts, and legal experts on vaccine injuries who risked their own careers to expose the lies behind the deadly COVID “vaccines” — which have caused deaths and injuries to millions of people — to create his newest docuseries, **Vaccine Secrets**, **COVID Secrets**, and **Unbreakable: Destined to Thrive**.

Jonathan’s greatest reward has been hearing the testimonials from people whose lives have literally been saved with the protocols he developed.

His work has been featured in international TV broadcasts, print media, national news, and radio broadcasts. He received the awards, **Young Citizen of the Year** and **International Volunteer of the Year**, by the Australian government for international humanitarian contributions, which he continues to support.

Jonathan and his wife, Lori, welcomed their first son, Asher, in January 2019 and their second son, Arthur, in May 2021.