

Commonwealth Government Covid-19 Response Inquiry

Submission made by Ian Ernest Brighthope

My name is Ian Ernest Brighthope. I graduated in medicine and surgery from Monash University in 1974. In 1978 I established a medical practice in Hampton, Victoria and subsequently 3 other treatment centres in Melbourne. In 1982 I initiated and became a co-founder and the founding president of the Australasian College of Nutritional and Environmental Medicine (ACNEM). I remained as president for the subsequent 26 years. I remain its official ambassador.

The College has continued to train medical practitioners in Nutritional and Environmental Medicine to Fellowship standard for the past 41 years. The training involves the scientifically based use of diet, nutrition and 'nutraceuticals' (vitamins, minerals, amino acids, plant based medicines) for the prevention and treatment of all human conditions and diseases, including degenerative diseases, infectious diseases, psychological and mental illness. Intravenous therapies are an integral part of the training.

Governance

- Early intelligence reports: The Australian government generally followed WHO recommendations and acted swiftly to implement border closures and quarantine measures upon receiving early intelligence reports about the virus. However, it failed to make any recommendations regarding prevention and early treatment.
- Political considerations: Decision-making regarding lockdowns and mask mandates was likely influenced by various political factors, including public opinion polls and pressure from different sectors of the economy. This sometimes led to inconsistent messaging and public confusion. Politicians ignored calls for prevention and early treatment.
- Communication: While the government initially implemented clear and consistent communication strategies, these efforts waned over time, leading to misinformation and confusion among diverse communities. Additionally, communication often lacked transparency and failed to address concerns effectively. The mass media and medical profession were gagged and could not transmit important information regarding the low level of morbidity and mortality of the virus.
- Resource allocation: The government allocated significant resources to pandemic response efforts, but concerns remain regarding the efficiency and effectiveness of their distribution. Some argue that funding for certain areas, like early treatment research, was inadequate. Funding for prevention using nutraceuticals and repurposed medicines was non-existent.
- Ethical considerations: The government's attempts to balance public safety with individual freedoms and economic concerns were not always successful. Lockdowns and border closures, while necessary to control the spread of the virus, had a significant negative impact on individual liberties and businesses. Health professionals were forbidden to provide informed consent and the public were forcibly coerced into taking an experimental and unsafe vaccine.

Natural Prevention and Early Treatments:

- Investigation and promotion: The government's investigation and promotion of natural means of preventing COVID-19, such as dietary and lifestyle modifications, were effectively non-existent. While some information was available online, it was often inconsistent, inaccurate, misleading, biased and lacked clear guidance for the public.
- Early treatment protocols: The evaluation and implementation of early treatment protocols using repurposed drugs and other readily available interventions such as widely used scientifically based nutraceuticals were hindered by several factors, including limited research funding, regulatory hurdles, ignorance, and scepticism from healthcare leaders. This resulted in a lack of readily available and widely

accepted early treatment options that could have shortened the pandemic to 8 weeks.

- **Barriers to adoption:** Several barriers hindered the adoption of natural prevention and early treatment strategies, including lack of scientific consensus, mainstream misinformation, and concerns about the safety and efficacy of some interventions. Additionally, mainstream healthcare providers lack training and resources to implement these strategies effectively. Australia has some of the best experts in the use of these technologies.
- **Communication of risks and benefits:** The government's communication regarding the potential benefits and risks of natural prevention and early treatment options was inconsistent and sometimes vague. The ABC did nothing to help the community in terms of prevention. This contributed to public confusion and scepticism, hindering the adoption of potentially helpful interventions.
- **Future pandemic preparedness:** Plans for integrating natural prevention and early treatment strategies into future pandemic preparedness efforts are limited. More research is needed to explore the potential effectiveness of these strategies and develop clear guidelines for healthcare providers and the public. This is a matter of high priority especially now that the genetic vaccines have been shown to be ineffective and dangerous.

Australia's Early Treatment Failures in the COVID-19 Pandemic

This report exposes the Australian government's egregious failures in early treatment research, development, and implementation during the COVID-19 pandemic. Their lack of action, coupled with a dismissive attitude towards readily available options, has had a devastating impact on public health and well-being. The government's support for early treatment research was woefully inadequate. While billions were poured into vaccines, funding for repurposed drugs and readily available interventions was minimal. This shortsightedness hampered the development of potentially life-saving protocols, leaving Australians vulnerable in the early stages of the pandemic.

Regulatory hurdles, lack of clear guidance for healthcare providers, and misinformation fuelled by the government's own messaging created a hostile environment for early treatment adoption. This meant that even promising options struggled to gain traction, leaving patients without access to potentially effective interventions. While the government claims to have ensured the safety and efficacy of all medications used for COVID-19, the approval process for some, particularly off-label medications, shrouded in secrecy. This lack of transparency eroded public trust and created unnecessary fear and confusion.

The government's communication regarding early treatment was inconsistent and often misleading. Instead of providing clear information and encouraging research, they downplayed the potential benefits and promoted a narrative of fear and uncertainty, effectively sabotaging public confidence in early treatment options. Despite the lessons learned from the pandemic, the government has failed to develop a comprehensive plan for future outbreaks. Stockpiling effective preventive and early treatment options is non-existent, leaving the nation vulnerable to future pandemics.

The Australian government's approach to early treatment during the COVID-19 pandemic was a colossal failure. Their lack of investment, obstructive regulations, and misleading communication deprived Australians of potentially life-saving interventions. This report serves as a stark reminder of their negligence and a call to action for a more proactive and transparent approach to future pandemics. Currently, the innate strength of the human immune system is completely ignored by the medical profession. It is the most powerful defence we all have against all viruses and every other pathogenic microbe. The function of the immune system depends mostly on the individual's nutritional status and genetic makeup. It's the basic building blocks of amino acids, fatty acids, vitamins, minerals and trace elements that determine how powerful the immune system will respond to an infectious agent such as a virus, bacteria or fungus. Any deficiency or imbalance of a single nutrient will weaken the response and permit invasion, infection, multiple organ damage, severe disease and death. All of this profound science has been completely ignored by the authorities, despite my attempts to speak with them at the highest levels, including prime ministers, health ministers and chief medical officers.

Recommendations:

1. Allocate significant funding for research and development of early treatment options, including known and proven effective repurposed drugs such as ivermectin and hydroxychloroquine, the lifesaving nutraceuticals vitamins D and C and zinc, and other readily available interventions. The National Institute of Integrative Medicine (NIIM) has the comprehensive knowledge and experience to perform this research.
2. Streamline regulatory processes to facilitate the timely adoption of effective early and natural treatments. This entails a separate regulatory system to the TGA which is dominated by the conflicted interests of Big Pharma.
3. Provide clear and consistent communication to healthcare providers and the public about the availability and benefits of early treatment options. Education programs such as those of the ACNEM are a priority.
4. Develop a comprehensive plan for future pandemics, including stockpiling effective early treatment options.
5. Establish a truly independent body to oversee the government's response to future pandemics and ensure transparency and accountability. Exclude Big Pharma interests. The Australian Medical Professionals Association (AMPS) is experienced with the mis-management aspects of the current pandemic by both the government and medical authorities and is in an ideal position to strategise for future pandemics.

Only through bold action and a genuine commitment to prevention by natural means and early treatment can Australia avoid repeating the tragic mistakes of the past.

I speak on behalf of all the medical practitioners and health care workers who are trained in nutritional medicine, who understand the power of these nutrients and repurposed medicines, who know they work but are too afraid of speaking out.

In the future we could avoid pandemics in 6 to 8 weeks if we are smart enough to think differently.

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12th. December 2023.

References:

1. Covid Submission Attachment
2. Covid Critical Care Alliance Protocols.
[https://covid19criticalcare.com/treatment protocols/](https://covid19criticalcare.com/treatment%20protocols/)

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My name is Ian Ernest Brighthope. I graduated in medicine and surgery from Monash University in 1974. In 1978 I established a medical practice in Hampton, Victoria and subsequently 3 other treatment centres in Melbourne. In 1982 I initiated and became a co-founder and the founding president of the Australasian College of Nutritional and Environmental Medicine (ACNEM). I remained as president for the subsequent 26 years. I remain its official ambassador.

The College has continued to train medical practitioners in Nutritional and Environmental Medicine to Fellowship standard for the past 41 years. The training involves the scientifically based use of diet, nutrition and 'nutraceuticals' (vitamins, minerals, amino acids, plant based medicines) for the prevention and treatment of all human conditions and diseases, including degenerative diseases, infectious diseases, psychological and mental illness. Intravenous therapies are an integral part of the training.

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

In the decades following, the experience that I gained from the use of HDIVC and many other nutrients in the prevention of infectious diseases became testimony to the scientific literature supporting the clinical use of nutritional immunology. This despite the fact that the general medical profession preferred to ignore the science and insist only the evidence of randomised studies that are best limited to the use of pharmaceuticals. Human health care extends far beyond the simplistic medical use of drugs and vaccines.

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From the early 1980's, over 200,000 HDIVC infusions were administered during influenza outbreaks and other conditions. I have also had experience with patients who have suffered from Swine Flu and placed on Extracorporeal Membrane Oxygenation (ECMO). Some of these patients were destined to die. HDIVC was successful in them surviving. The principles of the use of HDIVC are non-specific, supportive and immune-enhancing.

The management of Covid patients in many other centres around the world since the outbreak of the pandemic using nutraceuticals such as vitamins C, D and Zinc and repurposed medicines has been nothing less than phenomenal.

It is my firm belief that nutritional medicine could save hundreds of millions of lives and create global abundance.

We could have been pandemic free in six to eight weeks had the 'authorities' backed the science of nutritional immunology. Unfortunately it was peremptorily dismissed by the world's 'health' authorities and governing bodies.

The world could be free of future pandemics. However this will only occur when we realise that scientific fundamentals or prevention and early treatment were not applied to the SARS-CoV-2 (Covid-19) pandemic. We must always be proactive and react positively. Whilst social distancing, hygiene, testing, tracking and tracing may have been partially effective, this approach is too late, weak and a reflection of the failure to plan, prevent and manage individuals in a population. Waiting and hoping for effective, safe vaccines and antiviral drugs is almost farcical, especially when the mRNA vaccines were experimental, dangerous and deadly for many.

Logical questions must be asked such as 'are we going to continue to wait for vaccines and drugs when the next, and possibly highly lethal virus strikes?' Are we going to continue to execute harsh economy destroying ineffective lockdowns? Are we going to continue to drain our taxpayers wealth to the advantage of the vaccine manufacturer's bottom line?

Currently, the innate strength of the human immune system is completely ignored by the medical profession. It is the most powerful defence we all have against all viruses and every other pathogenic microbe. The function of the immune system depends mostly on the individual's nutritional status and

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genetic makeup. It's the basic building blocks of amino acids, fatty acids, vitamins, minerals and trace elements that determine how powerful the immune system will respond to an infectious agent such as a virus, bacteria or fungus. Any deficiency or imbalance of a single nutrient will weaken the response and permit invasion, infection, multiple organ damage, severe disease and death. All of this profound science has been completely ignored by the authorities, despite my attempts to speak with them at the highest levels, including prime ministers, health ministers and chief medical officers.

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

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

January 2020 saw the commencement of my 'CD-Zinc Campaign'. It consisted of public health recommendations for the entire population to take Vitamins C and D and the trace element Zinc. These are the most critical, effective, safe, cheap and readily available nutrients for optimal immunity and virus elimination. The government could have subsidised these proven nutrients at a minute fraction of the cost of the pandemic and experimental vaccines. The entire population could have continued as normal following a maximum of 2 short sharp lockdowns in which the RACGP could have managed the patients with the preventives and early treatments.

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VITAMIN C.

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

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

Some patients develop serious co-infections of bacteria and fungi. ARDS is characterised by severe low-blood oxygen, uncontrolled inflammation, oxidative damage and damage to the air sac barrier leading to death.

Infections and sepsis cause the 'cytokine storm'. This leads to fluid accumulation in the airways. Increased oxidative stress is a key factor in pulmonary injury including ALI and ARDS.

Vitamin C has many functions for COVID prevention and treatment, including the above mentioned complications. Vitamin C can reduce the incidence and severity of all viral infections. Vitamin C increases white blood cell activity, reduces the replication of viruses, increases the production of interferons, enhances killer and helper cell proliferation and increases antibody formation. It is a very powerful antioxidant that protects cells and tissues. Its anti-viral effects have been demonstrated in influenza, herpes viruses, pox viruses and coronaviruses.

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

Vitamin C prevents the cytokine surge damaging the lungs. Vitamin C eliminates alveolar fluid by preventing the activation and accumulation of neutrophils, which are specialised white blood cells. High dose intravenous Vitamin C (HDIVC) is instrumental in recovery from influenza and ARDS and other serious complications of serious viral infections. Patients on life support (ECMO) with a poor prognosis have been rapidly and successfully recovered using HDIVC, with no evidence of lung fibrosis .

IV Vitamin C use in septic shock reduces mortality. Septic shock occurs in very sick Covid patients. It also reduces the length of stay in ICU and significantly shortens the duration of mechanical ventilation. It probably also helps to reduce the damage caused by intubation. HDIVC does not cause kidney stones or kidney damage, an excuse used by opponents to justify refusal to use the treatment. A rare side effect is preventable break down of some of the red blood cells.

In March 2020, the Shanghai government announced its official recommendation that COVID-19 could be treated with high doses of IV Vitamin C. The experience of thousands of doctors around the world who

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have used HDIVC is that this molecule is one of the most powerful in virtually all human conditions, including physical and mental illnesses and trauma. It should be used as the treatment of first choice in every epidemic.

Unfortunately, despite my appeals to the College of Intensive Care Medicine of Australia and New Zealand and various intensive care specialists, Australian patients in ICU were denied this lifesaving treatment. Relatives and I pleaded with these doctors on a number of occasions to administer HDIVC. The pleas fell on deaf ears. "It's not one of our protocol medications" were the excuses for denying the treatment, despite evidence of its effectiveness.

VITAMIN D

Vitamin D is the sunlight vitamin. When ultraviolet light falls on the skin, it manufactures a precursor of vitamin D that goes to the kidneys and liver to make active vitamin D; more accurately now referred to as a hormone, called calcitriol. Deficiency of vitamin D results in rickets in children, bone diseases in adults such as osteoporosis and a greatly weakened immune system. Cod liver oil is a rich source of vitamin D and vitamin A. It was used extensively for children in the past during winter to protect against colds and influenza. We now know that this 'sunlight' vitamin is essential for immunity. Lack of exposure to sunlight in winter increases the prevalence of vitamin D insufficiency/deficiency as does living further away from the equator, indoor existence, dark skin and the minimisation of skin exposure to the sun with clothing. The seasonal increase in vitamin D deficiency amplifies the risk from respiratory viruses, including the Covid-19 coronavirus. This is one of the main reasons we see these infections in winter and early spring.

A large number of clinical trials of vitamin D supplementation for the prevention of acute respiratory tract infections have been conducted over the last 2 decades. Randomised controlled trials have shown an overall protective effect of vitamin D supplementation against acute respiratory tract infections including influenza and coronaviruses. In fact, the benefit from supplemental vitamin D is greater in those receiving daily vitamin D than the benefits from influenza vaccinations. The protective effects against acute respiratory tract infections are strongest in those with profound vitamin D deficiency. Those with low levels of vitamin D have greater protection from infections with supplementation.

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

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go into ICU and death.

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

The Nordic countries have public health policies of vitamin D supplementation and food fortification. They also have among the lowest mortality rates attributed to Covid. Thus, vitamin D adequacy in the general population allows for a much lower mortality. Countries that do not have any public health policy of vitamin D supplementation in winter and spring create at risk groups to viral respiratory infections. Accordingly, surges in cases and deaths from influenza-like viruses including Covid-19 occur.

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

In fact overall, it leads to greater productivity and economic gains. Vitamin D supplementation is extremely safe, effective, cheap and readily available. No significant toxicity has been reported with doses of 10,000 IU per day or less. In some individuals the dose required to meet protective levels is higher. Blood tests must be performed to measure the levels of vitamin D and for monitoring.

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

The immediate introduction of public health measures to improve vitamin D status in individuals globally is paramount. The priority should be in settings where insufficient levels and profound vitamin D deficiency is common. The Royal Australian College of General Practitioners has an unbelievable and active policy of discouraging its doctor members from testing for vitamin

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D status. It states erroneously that there is no evidence for the use of vitamin D in covid. This is seriously incorrect and proven to be deadly, especially for the elderly in aged-care.

ZINC

Finally, to zinc, a critical trace element in the fight against Covid, other viruses and future pandemics. It plays a fundamental role in protecting us against invaders. Without optimal levels of zinc, we are completely unprotected. Approximately 30 percent of the community have insufficient or deficient levels of zinc, leaving them susceptible to infection.

Zinc significantly influences immune function. The following explains the biological basis of altered resistance to infections when zinc is deficient. Zinc is known to play a central role in the immune system and zinc-deficient persons experience increased susceptibility to a variety of pathogens. Zinc affects multiple aspects of the immune system and is crucial for the normal development and function of cells mediating nonspecific immunity such as neutrophils and natural killer cells.

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

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

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

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

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

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

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

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

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

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

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

The Journal of Infectious Diseases has documented poor outcomes in Covid patients with zinc deficiency. These zinc deficient patients develop more complications, and deficiency was associated with a prolonged hospital stay and increased mortality.

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

Most doctors involved in nutritional immunology recommend these three nutrients.

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

In summary, Covid poses very little risk to people of good health. The judicious use of nutritional supplements as described above will prevent most respiratory infections and in particular, Covid. Supplementation will prevent serious infections and hospitalisations and should be managed by trained medical practitioners, nurse practitioners and scientists with appropriate training in nutritional immunology. The most important supplements are oral vitamin D, oral and injectable vitamin C and zinc. The entire population

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should be educated as to the value of these nutrients and it should not be a difficult task. Over 70% of Australians take supplements.

The correct use of vitamin D by measuring blood levels of the entire population, increasing them to 120nmol/L, and preferably 150nmol/L, will remediate insufficiencies and protect everyone against severe illness and death.

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

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

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

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

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I have mentioned the drug ivermectin as both a preventative and therapeutic. As a clinician, I have witnessed its significant effectiveness. There is now overwhelming evidence of its efficacy and despite the current controversy here in Australia, there is good evidence from a large body of published studies. But, more importantly, the successful use of ivermectin in the prevention and early treatment of Covid by my colleagues overseas, is indisputable. The home management using ivermectin of patients who would have been admitted to hospital and ICU is clearly evident. I have witnessed this in various zoom conferences with my colleagues in South Africa and Zimbabwe. Ivermectin at higher doses is also used in hospitalised patients and patients in ICU. I have the training and experience to evaluate therapeutics that have both scientific documentation and clinical use especially in very sick patients.

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

I speak on behalf of all the medical practitioners and health care workers who are trained in nutritional therapeutics, who understand the power of these nutrients, who know this science works but, are too afraid of speaking out.

We could be free of viral pandemics.

Professor Ian Brighthope
December, 2023