

No one should die from covid – World Council for Health




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MBA(Health policy)

Family physician, mental and child health. 8th August 2022;

BIO

1. 45 years with 40 years in Mitchells plain Cape Town as a Family doctor
2. Political activist since the late sixties for freedom from apartheid
3. Fought for equity in healthcare and
4. an equitable distribution of wealth to alleviate poverty
5. Opposed to monopolies and oligopolies
6. Assiduous writer to the press and spoke on community radios for 40 years
7. On social/political and health issues
8. Author of the self-help book on Addiction, "4 Steps 2 Healing"
9. Keen academic and innovator
- 10. If I can't find the answers in the text-book – will find an answer**



Journey to Covid
March, 2020 – in ICU
April 2020 to August 2022

1. WHO's advice

1. Do not see patients
2. No treatment for Covid
3. People over 65 years should stay home
4. Send patients home to isolate till they were blue

2. This was suicidal/reckless/genocidal

MY APPROACH

1. I **saw patients in my rooms** – old school GP
2. **Examined them** – was an essential part of practice
3. **Did not stand miles away** or treat my patients like vermin/lepers
4. **Minimal protection** – just an ordinary mask
5. **Nebulised patients** needing oxygen
6. Treated patients with whatever I had at my disposal
7. My objective – **save patients, not let them die**



1. EARLY DIAGNOSIS

2. EARLY TREATMENT

KEY TO SUCCESSFUL MANGMENT

Wild type, alpha, beta
April 2020 June 2021 – 14 months

1. **1700 patients**
2. **6 patients with pneumonia**
 1. One patient passed away in hospital
 2. One at home
 3. 4 survived under my care
3. Clarithromycin
4. Prednisone
5. Antihistamine
6. Was not aware of Ivermectin/not available
7. **Success rate: 99.88%**

Delta strain

July 2021 to mid-October 2021 – 2-1/2 months

- 1) **This was the most virulent and most infectious strain**
- 2) Multiplied 70 times faster than the beta strain
- 3) Was the most challenging and exciting time
- 4) I read extensively on the subject –
 - 1) Learning about COVID – became my staple academic diet
- 5) **Learnt from doctors with great successes treating Covid**
- 6) Name a few: DR Kory, DR Marik, DR Mobeen Saheed, DR Tess Lawry, Dr Melvin De Mello, DR Jackie stone, DR Chetty

My one and half years of learning

1. Three stages of the disease
 1. Viral
 2. Inflammatory - pneumonia
 3. Clotting
2. Inflammation (pneumonia) and to a lesser extent – deadly
3. **Lost two patients – in 14 months**
 1. Made a **decision not to lose one patient**
 2. Worked tirelessly at it

Working hours

8 am to 7 pm - 8 pm to 1 am (virtual consultations) 15
HOURS

1. 8 am to 7 pm - 8 pm to 1 am (virtual consultations) –**16 hours**
2. Up at 5 am
3. Was the toughest time in my career
4. 6 severely ill patients at a time
5. All wanting to be seen at the same time
6. **Every patient had my cell number**
7. Had to remain in touch – **3000 numbers**
 1. **One error – media would hound me**
 2. **My stand on Ivermectin made me very unpopular**

Patients refused to go to hospital

- 1. Bad reputation** – deaths during Beta strain
2. Impersonal approach to patients and families
- 3. Cold and isolated**
4. Hospitals were regarded as a place for people to die
5. Worst part, could not see loved ones in hospital
 1. even after they died – wrapped in plastic
6. It was the **worst time to be in hospital**
- 7. Patients discharged themselves to be seen by me**
– added to my pressure

My success was early diagnosis and treatment

Symptoms and signs for pneumonia

Cough	Chesty, painful cough
SOB	Shortness of breath (dressing up)
SOBOS	Shortness of breath on speaking a few sentences
SOBOSE	Shortness of breath on slight exercise
DET	Declining effort tolerance – is the tiredness getting worse each day
Peak Flow	25% to 50% of predicted value –irreversible

Signs and symptoms -continued

Without lung crepitations

ECP – Early Covid Pneumonia

With crepitations

Covid pneumonia

Tests not done

PCR, CXR; Scans; FBC – Saved R2000 to R15,0

Only Tests

D-dimer, CRP- my patients very poor

Xeralto

Very expensive – company challenged generic drug- merciless
R1500 -

Cost of my treatment v hospital

R1000 to R1500 , 2 visits, at most four
Private Hospitals – Whopping **R500,000** = 300 x more

Delta strain within 3 days based on my signs

Beta strain – 8 days

1. If there were **signs to suggest lung involvement**
2. Regardless of the oxygen levels and whether they had creps
 1. Treated for pneumonia
 2. Better safe than sorry
 3. **Creps takes about three to five days**
 4. Too much damage
3. **Day ten – Oxygen levels dropped to 80%**
4. **Two weeks to three weeks – 60% to as low as 40%**

1. Saw me **one year later** after he was treated for covid by his GP
2. Very **short of breath**
3. Peak flow 150 – **33% predicted**
4. Basal creps
5. Feared he might never be able to run again
6. High dose **steroids & colchicine**
7. Peak flow – **400- 1 week (100% predicted)**
8. Effort tolerance improved
9. Is on a steroid pump – feels reassured

What is early covid pneumonia?

- 1. Early damage of the alveoli (air sacs) without liquefaction
- 2. **Liquefaction** produces the crackling sounds, 3 to 5 days – **too late**
 - 1. **Pneumonia – Textbook** – must be rewritten
- 3. **Too long - revised**
 - 1. Prolongs illness
 - 2. Delaying treatment
- 4. **Invites long term complications**

Supplemental oxygen – used widely

1. **92%** and felt tired on slight effort
2. **Dizziness** – oxygen levels was dropping
 1. Supplemental **oxygen**
3. Concerned **hypoxia** to brain,
 1. could lead to **brain damage**
 2. Auto-immune complications
 1. **Diabetes/CKD** – Prof Kunthi -Leeds



Advice to **elderly**: sit on a **stool in the shower**

1. Slight effort could **drop Oxygen levels**
2. Light-headedness – fall and –**head injury**

- 3. On blood thinners**

4. Stop oxygen when

Oxygen levels were normal without supplemental oxygen

1. Supplemental oxygen – **usually two weeks**

1000 pneumonias – delta – 2&1/2 months

- 1) **5 deaths** – presented too late or constitutionally weak
- 2) **Obese**
- 3) **22 years to 86years**
- 4) **Diabetes/COPD/Hypertension/IHD/MI**
- 5) Did not discriminate
- 6) **Recovery was equal** for all- because my treatment was aggressive –**did not discriminate**

Meds for pneumonia

1) Steroids in high doses

2) 50mg twice a day or 10 by 5mg tabs twice a day

3) Because the inflammation was in the air-sacs

1) Surface area was **the size of a tennis court** or a rugby field

2) **Small doses of 40mg a day was useless**

4) Steroids were tapered if there were still symptoms present

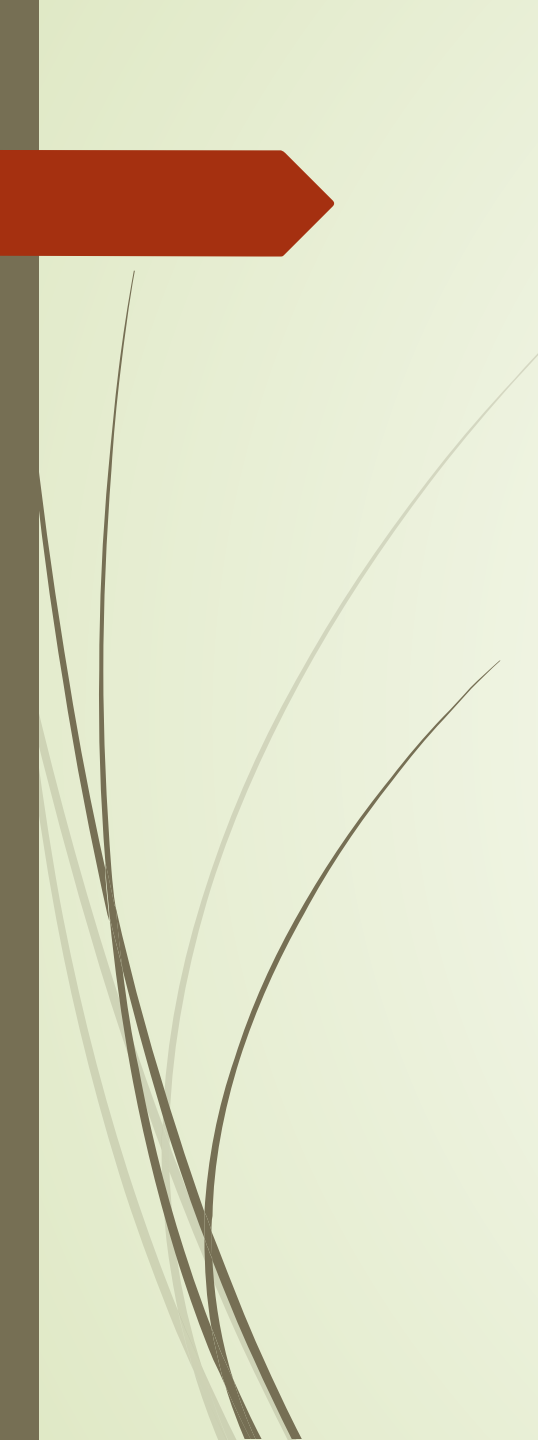
5) **Colchicine** was also prescribed to augment the steroids

Very ill patients – 70% oxygen

- 1) Threw the book at them
- 2) Life or death situation
- 3) **Steroids** high doses
- 4) **Colchicine**
- 5) **SSRI** – Fluoxetine 40mg daily two weeks to prevent brain fog
 - 1) for its anti-inflammatory properties
- 6) Supplemental oxygen

All patients

- 1) **Azithromycin** 500mg daily –
- 2) **Doxycyclin** 100mg bd for 5 days
- 3) **Ivermectin** in all stages
 - 1) Early stages – **0.8mg/kg** to stop the virus from multiplying
 - 2) For **anti-inflammatory** and **anti-coagulant** properties

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- 1) Black seeds – nigella sativa – 2 teaspoons three times a day – all
 - 2) Vit D3, Zinc and Vit C -1000mg
 - 3) Aspirin 150mg
 - 4) Nasal saline nasal and mouth washes
 - 5) Colloidal silver/Sod Bi-carb nebulisation

Anticoagulants

Anti-coagulant	D -dimer levels
Aspirin	Routinely and 500 to 1000
Clopidogrol	>1000 to <2000
NOAK – Xarelto – 15 to 20mg	>2000 to 4000
Clexane 40mg bd	>4000 Had one patient with 11000

Greatest successes- fame/notriety

Oxygen levels	Age		recovery
32%	67yrs male		6 weeks
35%	39 female – self discharged from hospital		6 weeks
35%	69 year female- refused hospital		6 weeks

45%

**25 year female –obese,
carried in by four adult
males – on a chair**

2 weeks

60%

74 years -1 month in
hospital on oxygen –
Self-discharged –
50 km away –
COPD/IHD/CKD

8weeks –
three
months later
off oxygen
celebrated
Christmas

Omicron 1, 2 –Nov/December 2021
MILD FLU –NATURE'S VACCINE


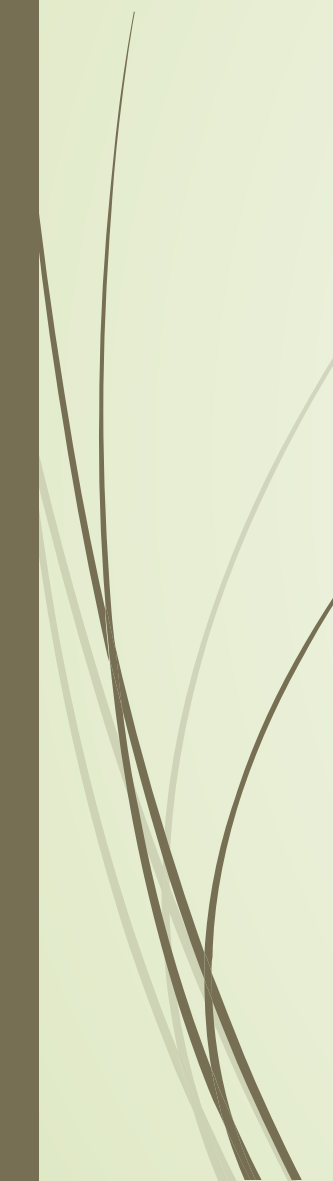
- 1) Only had **145 patients**
- 2) 10 pneumonias - **6%**
- 3) Majority –mild symptoms
- 4) **100%**
- 5) **Natures vaccine- DR Gates**



Omicron 5 – cunning disease

May 15th to July, 30th – 2 and half months

- 1) **170 patients**
- 2) 164 with pneumonias or **96%**
- 3) **Mild symptoms**
- 4) Only **major symptom painful-cough**
- 5) *Three weeks*
- 6) Bottles of useless **cough medicines**

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- 1) **Three weeks pneumonia** – never mentioned SOB
 - 2) Merely complained of **painful cough**
 - 3) Majority **oxygen levels -96%**
 - 4) Only **3patients** – **65%, 73% and 88%** needed supplemental oxygen
 - 5) **All recovered**



Clinical Criteria for pneumonia

- 1) Made the diagnosis using my unique clinical signs
- 2) Pneumonia – after day 1 or 2
- 3) Treated immediately
- 4) Felt **well by day five** with no trace of illness



Children with Pneumonia- first time

- One child – **3 weeks** at the state hospital – **3 times** – **same meds**
- Oxygen of **46%**
- Treated with **high dose steroids**, anti-histamines and Augmaxcil, oxygen
- **Recovered in three weeks**

90 year old female

- 1) Thought her **dizziness was due to raised BP**
- 2) Refused hospital admission
 - 1) **3 weeks pneumonia**
 - 2) **94% oxygen**
- 3) Protocol
 - 1) 2 weeks remarkable recovery
 - 2) **4 weeks back to normal** with no trace of pneumonia

1) Omicron 5 – not serious- if treated

1) No hospital admissions

2) No deaths

3) 100% recovery

4) **Northern Hemisphere**, highly vaxxed countries
not treating early

1) High incidence – **vaccine failure**

2) **High hospital admissions**

3) High death rates – treating too late

ALL THIS COULD BE AVOIDED –FOLLOW MY SIMPLE

APPROACH!!!

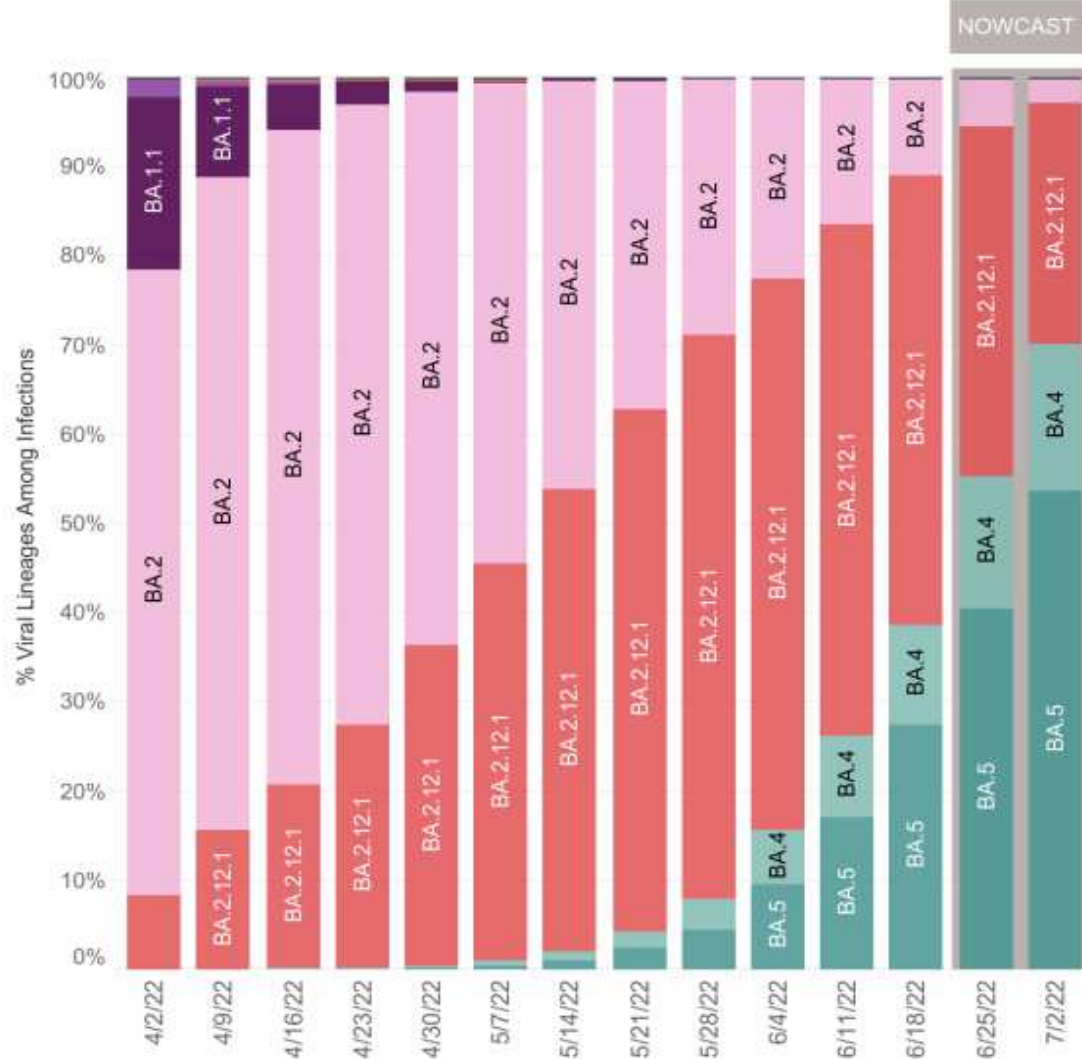
COUNTRY- population	INCIDENC E	%AGE VACCINATI ON	season
FRANCE (65 MILLION)	560000	>80%	summer
UK (62 million)	964,799 (May 2022)	>80%	summer
Denmark	165,406	? one vaccine	Summer
South Africa (60 million)	3000	15% (98%) natural immunity	Thick of winter

May,2022 – worldometer – Omicron 5

Vaccines just don't work!!!

United States: 3/27/2022 – 7/2/2022

United States: 6/26/2022 – 7/2/2022 NOWCAST




USA

WHO label	Lineage #	US Class	%Total	95%PI
Omicron	BA.5	VOC	53.6%	49.5-57.6%
	BA.2.12.1	VOC	27.2%	24.2-30.3%
	BA.4	VOC	16.5%	13.9-19.4%
	BA.2	VOC	2.8%	2.4-3.3%
	B.1.1.529	VOC	0.0%	0.0-0.0%
	BA.1.1	VOC	0.0%	0.0-0.0%
Delta	B.1.617.2	VBM	0.0%	0.0-0.0%
Other	Other*		0.0%	0.0-0.0%

* Enumerated lineages are US VOC and lineages circulating above 1% nationally in at least one week period. "Other" represents the aggregation of lineages which are circulating <1% nationally during all weeks displayed.

** These data include Nowcast estimates, which are modeled projections that may differ from weighted estimates generated at later dates


AY.1-AY.133 and their sublineages are aggregated with B.1.617.2. BA.1, BA.3 and their sublineages (except BA.1.1 and its sublineages) are aggregated with B.1.1.529. For regional data, BA.1.1 and its sublineages are also aggregated with B.1.1.529, as they currently cannot be reliably called in each region. Except BA.2.12.1, BA.2 sublineages are aggregated with BA.2. BA.5.1



“The Omicron **sub-variant BA.5** ,
is the **worst version** of the virus that
we’ve seen. It takes **immune escape**,
already extensive, **to the next level**”

Eric Topal, Professor of Molecular
Medicine and Executive Vice-President
of Scripps Research.

**SOUNDS LIKE BIG TROUBLE – IF FOUCCI IS
IN CHARGE**




Northern hemisphere – highly vaxxed in thick of winter- BIG TROUBLE


- If my approach is adopted-
 - Zero deaths
 - Minimal or no hospitalisations
 - 100% recovery
 - Won't please big pharma

Overview of paints seen in my practice 2&1/2 years

Strain	Period	Numbers	% age pneumonia	Recovery
Wild, alpha, beta	April 2020 to June 2021	About 1700 Majority self-medicated	0.29	99.8% 3 deaths -hospital
Delta	July 2021 to Mid-October 2021	1100 including 100 virtual consultations	90%	99.5% 3 deaths at home 2 hospital
Omicron 1,2	Nov 2021 to Dec 2021	145	6.8%	100%-zero hospitalisation
Omicron 5	May 2022 to July 2022	170	96%	100%- zero hospitalisation




I hope I have proved with evidence
that no one should die from Covid





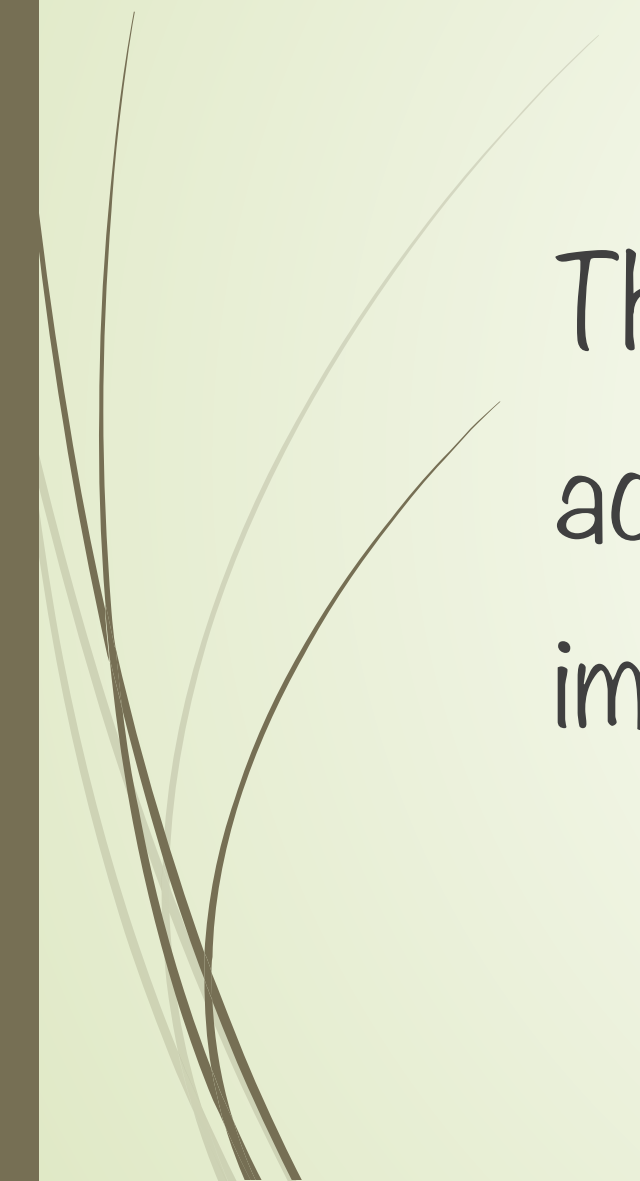
Appeal

Please give frontline GPs a regular platform; I have waited two years.





Draconian health amendments



The draconian amendments to our health act needs to be discussed. It has serious implications for the entire world.



Thank you