

The War On Zinc & Vitamin D

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Right now we are in the middle of one of the greatest experiments in medical history. An experimental drug that is mislabeled as a vaccine is being promoted and idolized as the one and only way out of this so-called pandemic.

What's odd is that licensed medical doctors who have clinical, personal experience in successfully treating COVID-19 patients are being silenced, criticized and often removed from social media platforms as they describe their successful treatments. At the same time, even though multiple studies using nutrition show promise, other studies appear to have conflicting data.

I say appear because if one looks carefully it would seem that the conflicting studies were designed to fail. Why would someone design a study to fail? Follow the money. If inexpensive nutrients like vitamins D, C, A, or minerals like zinc, selenium and magnesium are effective at reducing symptoms while at the same time enhancing natural immunity, we don't need these experimental



genetic drugs that are being promoted on every news channel multiple times a day.

Dr. Alex Vasquez addresses 2 studies that you will probably be hearing about in the next few weeks and why they failed before the trials even started. You can click to the right to see his critique on each study. Let me steal a little of his thunder by giving a few blatant design errors.

The first study from JAMA was titled "Effect of a single High Dose of Vitamin D3 on Hospital Length of Stay in Patients with Moderate to Severe COVID-19: "He lists several design flaws and it's a real learning experience to

see how he uncovers the flaws.

The first mistake was to use a single high dose, what scientists call a "bolus" amount, of vitamin D3 200,000 i.u. It was odd that they used a bolus dose because several studies had verified that bolus doses are ineffective.

In fact, the British Medical journal showed in 2017 that physiological doses "protected against acute respiratory tract infection overall", but high dose vitamin D3 or bolus dosing is ineffective. Even more odd was that the JAMA article referenced the British Medical Journal 2017 which

showed that vitamin D3 was ineffective in bolus doses.

Dr. Vasquez makes the obvious point that knowing the study would fail with sick and possibly dying patients could be construed unethical. Dr. Vasquez is so passionate about the inappropriate dosing issue he created a second video to the right, teaching the pharmacology of vitamin D3.

This video details dosing and shows how bolus doses of Vitamin D3 create an antagonistic effect and cause a short term 25 hydroxy vitamin D deficiency. Following the literature carefully, he advocates physiological doses and testing to assess progress.

The second study came out of the Cleveland Clinic to assess the value of using high dose zinc and vitamin C. Clinicians treating COVID-19 successfully suggest 50 mg of elemental Zinc per day. The Cleveland Clinic study uses 50 mg of zinc gluconate. But as one looks at the chemistry of zinc gluconate we recognize that 50 mg of zinc gluconate only yields 7 mg of elemental zinc.

Obviously, 7 mg of elemental zinc is not considered a high dose especially in a sick population where digestion and assimilation processes are limited. Dr. Vasquez goes into a number of other reasons why this study was flawed and cannot be taken seriously by the scientific community.

I know your patients may ask you about these studies as news anchors and anti-nutrition bloggers proclaim the futility of treating viruses with anything but vaccines. With this information you will confidently be able to address their fears. Grab your lunch and enjoy one or both of these presentations. Thanks for watching I look forward to being with you again next Tuesday.