FULL TRANSCRIPT

Jan Jekielek: Dr. Paul Marik, such a pleasure to have you back on American Thought Leaders.

Dr. Paul Marik: Thank you, Jan. It's a pleasure and wonderful to be here today.

Mr. Jekielek: You have been doing some incredibly fascinating research on a range of things beyond Covid. I want to start with Covid, and I want to understand what is the current state of spike-related disease. What do we understand about it now? How does it work, and what are the best treatments?

Dr. Marik: Yes, that's a good question. Our understanding is evolving and continues to evolve. The truth of the matter is that spike protein is probably one of the most toxic compounds that human beings can be exposed to. Its toxicity is through multiple different pathways that we're just beginning to understand. Spike protein causes profound inflammation. It activates clotting. It activates a clotting cascade. It activates platelets. It causes auto-antibodies. It causes damage to the endothelium of blood vessels. It causes auto-antibodies. Then, it has some really bad effects on genes and many of the genes involved in cancer suppression.

We now know that spike protein, although people want to ignore and deny it, actually activates many genetic pathways which lead to cancer. It's a form of cancer called turbocancer. This is related to the spike protein. It does all kinds of really weird stuff. We know the spike protein itself gets into the nucleus, and whether or not it affects DNA is a contentious issue.

But it appears that it goes into the nucleus and does stuff in the nucleus. We know it affects fertility. Probably the best study is done by this really brave pathologist in Germany. In the U.S., if someone dies unexpectedly, you can't look for spike protein. It's not allowed.

Dr. Arne Burkhadt in Germany has done over 75 autopsies on patients who have died post-vaccination. The findings are astonishing, and to be truthful, they are scary because the body is packed with spike protein in a way that's completely unbelievable. There's spike protein in the brain, spike protein in the heart, and spike protein in the vasculature.

It actually causes a disease in the blood vessels, which you see with syphilis. It causes necrosis, which is death of the wall of the blood vessel. It's called medial necrosis, and the blood vessel ruptures. There are not many diseases that do that. Syphilis is one of them. Cyanide kills you quickly. Spike protein kills you slowly. It's as toxic as cyanide, but this is a slow progressive organ dysfunction leading to death.

It's really interesting how if you were to design a drug for the treatment of Covid, it could be called ivermectin. That's not a joke, just because it has all the properties that you would want in a drug to treat Covid. This was a gift of nature. It was not manufactured in a lab. This was found in a golf course in Japan made by bacteria. If you kill someone quickly, they die. But if they suffer and have chronic disease and then die, the health implications and the effect on the population are enormous. If you were to design a toxic protein which would disable people, it would look like spike protein. It has 1700 amino acids, it's not a very long protein, but it is an astonishingly toxic protein.

Mr. Jekielek: The question is being able to distinguish between the spike that comes from Covid and the spike that comes from the vaccine. This would be the variant of spike which creates these diseases. Is that primarily in the vaccine or does that also happen with natural Covid?

Dr. Marik: That's a good question and it took me a while to figure this out. When you get natural infection with SARS-CoV-2—and we know this, there's really good data—the active replicating virus lasts for about five days. After five days, the messenger RNA, which the virus makes to make all these proteins, is destroyed by the body.

If you're immunocompetent, within five days the messenger RNA is gone, and you continue to make new spike protein. However, the messenger RNA that is in these jab things, they're not really vaccines. It's a misnomer to call it a vaccine. This is synthetic, artificially-manufactured mRNA. When you inject the mRNA, it doesn't stay in the arm.

It actually circulates and goes to the lymph nodes and organs. We don't know for how long, because the longest study was for 60 days. After 60 days there is still messenger RNA in the lymph nodes. What that means is that this messenger RNA is making spike protein. The bottom line of all of that is with this load of spike protein, it's like it's a toxin. It's like cyanide.

A little bit of cyanide may not kill you, but a lot of cyanide is going to do some really bad damage. When you get the jab, the amount of spike protein is exponentially higher than with natural infection. That's why we're seeing all these complications from the vaccine.

For example, with long Covid, and you don't want to minimize it, but it is a self-limiting disease. Because of the amount of spike protein that's produced with most people who get long Covid, the average is four months, and then they get better. We know with the vaccine injured, these people have such a load of spike protein that two to three years after the jab they're still highly symptomatic. It's related to the load of spike protein.

Mr. Jekielek: Yesterday we saw some presentations from React19 showing the most common types of symptoms that come with the vaccine injury. The most common ones seem to be more neurological, then followed by the heart-related ones. Can you speak to that, and why would that be?

Dr. Marik: These patients have multiple systems which involve multiple organ systems. The average number of symptoms of a vaccine injury is about 20 to 23. They run a spectrum. When these patients present to the physician, the physicians use pattern recognition to make a diagnosis.

Because these patients have such diverse symptoms that really don't fit in with a pattern that the physicians have been taught, almost always they say, "This is stress, this is anxiety, this is a functional disorder, this is in your head, this isn't real." But it is real. It's because the spike goes to every organ system, and every organ system is involved.

Unlike the natural infection, the mRNA is placed in a lipid nanoparticle and the lipid nanoparticle is actually designed to deliver chemotherapy to the brain. It crosses the blood brain barrier. You're absolutely right, more than 80 per cent of patients post-vaccine have neurological symptoms, and it's a very characteristic finding. While you find it with long Covid, it's much more extreme and the symptoms are much more severe within the vaccine injured. The neurological symptoms are brain fog, cognitive dysfunction, and memory dysfunction, which is very disabling to most people.

If you can't think, you would lose your ability to remember things. Then, there are some other disabling things. It sounds absurd, but tinnitus, which is ringing in the ears, is quite common and quite distinct with the spike protein. We are not sure

why it happens, but it's common and exceedingly disabling because these people have ringing in their ears 24/7.

They can't sleep. In fact, many actually consider suicide because it's such a troubling symptom. That's a neurological symptom. Then, the one which is probably the most disabling is neuropathy. That's the involvement of the small nerve fibers.

It seems to be a classic feature of spike protein-induced disease, particularly with the vaccine. They get this small fiber neuropathy, which is profoundly disabling because it interferes with the small fibers involved in pain sensation. They have burning sensations. They complain that their limbs are on fire, so they have a severe, burning itching.

If you ask the vaccine injured patient, if there's one symptom that they want to get rid of, what is the most troubling? What is the most disabling? Without question, it's the small fiber neuropathy, which is profoundly disabling.

Mr. Jekielek: I don't know if this is the same thing, but do they call it paresthesia?

Dr. Marik: Yes.

Mr. Jekielek: Is that right? Some weirdness or numbness.

Dr. Marik: Exactly, it's on a spectrum of paresthesia, which means numbness and tingling. Then, it can progress to burning and a sensation of fire. Basically, it's a progressive disease related to damage to the nerve fibers.

Mr. Jekielek: Where are we at now in terms of treatment? You've had multiple iterations of a general protocol, but then, there's specific treatments for different people. Bri Dressen was on the show and said she was actually treated at NIH with something that would calm the immune system. It helped her profoundly, although it's not something that's offered to most people.

Dr. Marik: The problem with the vaccine is the people who invented and developed the vaccine didn't develop an antidote for the product that they made. They made this toxin, but they left it for us to try and figure out how to deal with this toxin. Most medicines that we know have toxicity, and we have a good idea how to deal with the toxicity.

This was a black box. We had to really start from scratch figuring out how spike protein damages the patient. As we've learned about spike, we've learned about ways to deal with spike.

The more spike protein you have, the worse the disease. That's really important. You can look at how many times they've had Covid, and how many shots they've had. It gives you an index of how much spike they have.

Mr. Jekielek: Let's go to treatment. You're saying the less spike you have in you, the better. That's number one. Then, somehow the lipid nanoparticles play into this as well. What is the state of the knowledge on the treatment?

Dr. Marik: The first thing is to avoid being spiked. If you've been vaccinated, don't get boosters. You want to further limit exposure to spike, no more jabs. Secondly, if you get Covid, you want to be treated early, because the longer you allow it to linger, the more spike protein. That's just a basic common sense principle.

Then, what you need to do is get rid of the spike. One has to be careful of these so-called detoxification protocols, potions, and devices. I call it the Barbie detox device, where you put Barbie into a container with water with electrodes, and somehow it detoxes Barbie.

You have to be careful, because there are unscrupulous people who will take advantage of people who are suffering and desperate. There is no such thing as detoxification potions or devices. What you need to do is help the body get rid of the spike protein. The body has an evolutionary process which was discovered in yeast called autophagy. It’s a truly astonishing process.

What the body does is when it detects foreign protein, misfolded protein, or dysfunctional protein, it destroys it, because it figures out that this is not good and wants to get rid of it. It goes through this autophagy process. It's like the garbage collection system of the cell.

Mr. Jekielek: It's the phagocytes, if I recall correctly.

Dr. Marik: Yes. It causes these phagosomes. It invaginates the foreign protein into a vesicle, which then fuses with a lysosome which has enzymes which break down the contents. It's the garbage disposal system. It collects the garbage and then puts the garbage through this garbage slicing machine and trashes the garbage.

It's an ingenious system and it has evolved over millions of years. It's how the cell deals with these toxic proteins. What you really want to do is embrace it and enhance the ability of the cell to break down these proteins. So much of what I've learned and we've learned is that we have the enormous potential of self-repair and self-healing.

Many of the drugs patients take are toxic. What we really want to do is embrace the ability of the host to heal itself. We want to enhance that ability. You want to activate autophagy, the most potent method of activating autophagy is called intermittent fasting, or time-related feeding.

Because there is this biological switch called the mTOR switch. Whenever you eat, you switch off autophagy. It just switches it off through the mTOR pathway. Glucose and insulin and protein switch off this process. However, when you deprive the cell of glucose and protein, it switches on autophagy and it breaks down protein.

This is the way we were designed. The Neanderthal man, our cousin, didn't eat all the time. This is a reasonably new phenomenon with our processed foods and supermarkets and 7-Elevens down the road. People eat all the time, and they snack. Snacking is a Western phenomenon. What's even worse, they will sit in front of the TV after dinner.

They've had dinner, and then, they'll sit in front of the TV and snack on processed food and carbohydrates, which is terrible. Because first of all, it never allows autophagy to switch on. More importantly, autophagy is really important for brain recovery when you sleep. You have to consider, why do we sleep?

It's not an accident. For brain regeneration, it's really important to clear out all the metabolic products and allow the synapses to regenerate. We know that sleep is vital. During sleep, you undergo autophagy. If you eat before you go to sleep, it does two really bad things. The one is it switches off autophagy, so you don't do it. Then secondly, there's a remarkable system in the brain called the glymphatic system. This is the lymphatic system of the brain, and it does the same thing. It washes out the metabolic byproducts from metabolism to get rid of them. Impaired glymphatic flow is linked to many neurodegenerative diseases as is deficient autophagy. If you eat before you go to sleep, you limit autophagy and you limit this glymphatic flow.

The other thing that's really good for lymphatics and autophagy is exercise. Imagine such a thing—exercise. Of course, alcohol is bad. There are very simple maneuvers that people can do to improve autophagy and improve glymphatic flow.

This is really important for getting rid of spike protein, but the implications go much further, because we now know that it prevents aging, and it prevents Alzheimer's disease. It likely reduces the risk of cancer. It reduces the risk of metabolic syndrome and diabetes. We started this journey looking at intermittent fasting to get rid of spike protein.

But as you know, the implications are now far, far reaching and that's why we've gone on this new journey. Getting back to spike, it's essential that people change their diet. You don't have to do strict intermittent fasting like I do, where you eat within a six to eight hour window, and then the rest of the time you don't eat. It's different from starvation. It's important to distinguish, this is not starving human beings. Metabolically, they act very differently. If you starve someone, the body adapts by decreasing the basal metabolic rate and decreasing growth hormone to switch things off.

Paradoxically, with time-restricted eating, you actually maintain or increase basal metabolic rate and you increase growth hormone. It's a fascinating phenomenon. People pay tens of thousands of dollars to get growth hormone. You don't need to do that. You need to just do periodic feeding and your body naturally makes growth hormone. It has truly astonishing benefits.

Mr. Jekielek: It sounds like there's a simple recipe here. How do you activate the time-restricted eating versus starvation?

Dr. Marik: The first step is to start eating food. It sounds absurd, but concentrate on eating real food and not processed food. That's step one. What you need to do in your pantry at home is get rid of all the bad food, so you don't have an opportunity to snack on bad food.

Then, what you want to do is miss one meal, and breakfast is probably the best meal to miss. You still have lunch and you still have an early dinner, but it must be early. You can see how that differs from starving, where you're not eating food. Then, what you gradually do is increase the window of time-restricted eating. Maybe you start off where you eat within a window of 12 hours, then 10 hours, then eight hours, and then six hours. But it's really important that when you eat,

you actually have real food that is good food. Then, during the periods where you're fasting, you can have liquids, and it's really important not to get dehydrated. Water is fine, but no juices, and coffee is fine. Coffee actually activates autophagy and has really important phytochemicals that are important. Don't add artificial sweeteners, and don't add milk to it. If you want to, add thick cream. You want to prevent adding glucose which will break your ketosis.

There is an important difference between someone who's starved and someone who's doing intermittent feeding, or time-restricted eating. With time-restricted eating, you should not lose lean body mass, you should lose fat mass. That's really important.

Whereas, with starvation, you break down muscle as a source of fuel, and that you don't want to happen. With time-restricted feeding, you utilize the excess fat stores. You break down the fat, but you prevent breaking down muscle. That's really important. You actually release ketone bodies from your fat store. You're breaking down the fat stores.

You have to not eat for a number of hours. First, what will happen is you'll use glucose which is stored in the liver as glycogen. Once that is depleted, you'll start breaking down and converting the visceral fat, your belly fat, into ketone bodies, so you will be breaking down fatty tissue.

Mr. Jekielek: My impression had been that to be in ketosis, you can only eat a very small amount of carbohydrate over time.

Dr. Marik: Yes.

Mr. Jekielek: Here you're saying that if you're not eating for 12 hours or longer, you can actually eat anything that's wholesome and you'll still achieve that same state.

Dr. Marik: There are various phases of this. In fact, there's no human requirement to eat carbohydrates. Unlike proteins and fats which you need, humans can survive without carbohydrates. If you have a diet which is low in carbohydrates or has no carbohydrates, you're going to start making ketone bodies.

Both the brain and the body use ketone bodies as a source of energy. Instead of using glucose, you use ketones. In fact, the heart functions much better using ketones, as opposed to using glucose or fatty acids. You can get into ketosis without doing time-restricted feeding.

The two are related. Time-restricted eating basically means you don't eat for a period of time, but ketosis means you just have a low carbohydrate intake. You can be in ketosis eating three meals a day. All you're doing is restricting carbohydrate intake, so you can be in ketosis without doing time-restricted feeding.

There are some really interesting tricks that they play. When you go to a restaurant, they start the meal off with bread. Why do they do that? It's nice, it's tasty, and it's warm. You have the bread, which is high in starch and processed. It causes a big spike in glucose, which then causes a big spike in insulin. What does insulin do? It activates your hunger center, so it makes you hungry. Then, you're going to order more food and you're going to eat more. They do it on purpose.

What you want to do is actually have the salad first, have greens first, and have the bread at the end of the meal. What the greens do is slow down the absorption of glucose. It forms this mucus lining in the small intestine to slow absorption of glucose. You can have the same meal, and it's fascinating. Studies have done this. There's this very nice Swedish woman called the Glucose Goddess. Basically, what she says is the order in which you eat food makes an enormous difference. She looks at the glucose profile. If you eat pasta or starch at the beginning of the meal, you get this big spike. But if you leave it towards the end of the meal, you get a flat curve. These are really basic things about how to prepare food and how to eat food.

Don't start a meal with starch. It's the worst thing. The other thing which is really cool is, if you're going to eat birthday cake, take some apple cider vinegar before you do the starch, because it flattens the curve. Somehow the apple cider vinegar acts on the GI [gastrointestinal] tract. It releases hormones that flatten the curve. Have some apple cider vinegar before you have a bad meal.

The bottom line is that you are linking two things. One is time-restricted eating, which means you eat during a particular window. Then, you want to eat real food. You couple the two. Starvation is basically when you restrict all nutrients to the human body.

This is not happening, because basically you have a period of time-restricted eating. You eat during a particular window, but you eat nutrient-dense foods. You eat foods that are high in nutritional value. These are not processed foods, these are real foods. We know that for Americans, 80 percent of what they eat is processed food.

You may ask, what's the difference? If it looks like food, it likely is food. If it comes in a box, has a package and a label, it's probably not food. We know that food can have all kinds of preservatives, chemicals, and additives that are already toxic. I read a fascinating paper recently. It actually got the Banting award from the American Diabetes Association. That's one of their highest honors, which was bestowed upon this researcher.

She has shown that it's these chemicals and additives and flavorants and preservatives in food that actually act on the pancreas to cause oxidative injury and insulin release. The insulin release then causes obesity. Rather than obesity causing insulin resistance, she's postulating that it's this toxic diet that's causing insulin release and causing obesity. The truth of the matter is that probably both are operative, but we don't realize the profound toxicity of the food we eat.
It's nutritionally devoid. It's essentially processed as high glucose and most importantly, fructose. Fructose is different from glucose, and most of these things have high levels of corn fructose. Fructose is metabolized into fat in the liver. It causes the fatty liver, which causes this process of insulin resistance.

Fructose is really toxic. Obviously, there's a lot of fructose in fruit. One has to be careful about how much fruit you eat. Fruit is okay, but you really want to limit the amount of fruit. The best fruits are berries; blueberries, strawberries, and blackberries, because they have the lowest glycemic index. They have fructose, but they also have fiber.

Fruit juices are probably as toxic as it comes, because it's fructose without the fiber, it causes a rapid spike in blood glucose. Basically, what I'm saying is that by very simple changes in the way we eat, we can have a profound metabolic effect. This has another implication, because it is estimated that 40 percent of cancers are caused by insulin resistance.

Insulin resistance causes high insulin, which causes insulin growth factor, which activates cancer. There's a direct correlation between metabolic syndrome, insulin resistance, and cancer. Coronary disease is not due to cholesterol. That's a myth. That was a myth perpetuated by the food industry going back to the 1960s. Coronary disease is caused by insulin resistance. It’s as simple as that.

Mr. Jekielek: Paul, you say this with such conviction. How is everything that we know about the role of cholesterol wrong?

Dr. Marik: It's called a hoax, much like Covid is a hoax. This is called the saturated fat-cholesterol hoax. This was started in the 1960s by a physician, Ancel Keys,

who postulated that saturated fats were bad. They actually did studies, and they had a group that had saturated fat. Then, they changed the diet to vegetable oils; corn oil, soy oil, canola oil, and flaxseed oil.

What you may want to know is that Proctor & Gamble actually bought the American Heart Association who promoted this diet. There have been five randomized studies and all have shown exactly the same thing. What such a diet does is cause the cholesterol to stay the same. Cardiac disease stays the same or goes up, but your risk of cancer goes up exponentially. This obsession with cholesterol and saturated fat is a hoax. It was a hoax perpetuated by the food industry.

The USDA is part of this hoax, and they continue to advise a diet low in saturated fat and high in vegetable oils. They are captured. We think the NIH and CDC are captured. We know that probably all the agencies are captured. The USDA is captured because the food pyramid is completely upside down.

There's nothing wrong with saturated fat. In fact, there was a really good paper in the Lancet, this ivory tower journal. They've looked epidemiologically and found that the more fat you eat, the lower your risk of cardiac disease. It's not saturated fat that's the enemy.

It is these polyunsaturated, synthetic, manufactured vegetable oils. The use of soy vegetable oil in this country has gone up exponentially, in terms of tons. Tons are used. There is this low-fat hoax. You go to the supermarket, everything is low-fat. That's actually what you don't want.

Because if it's low in fat, it's high in carbohydrates and glucose. When you shop, you actually want to look for high-fat, not low-fat. That's how completely upside down this hoax is. There was this campaign that said eggs were bad and said, “Don't eat eggs.”

Eggs are wonderful. They are one of the most nutritious sources of nutrient-dense food, and eggs do not increase your cholesterol. Maybe it does if you have 30 or 40 eggs a day, but one or two eggs a day is perfectly fine. It's a highly dense, nutritional food. You can see how deep this hoax and corruption and this fraud goes.

Mr. Jekielek: Let's just jump back. You might have had multiple jabs, you have this spike protein being created in your body potentially causing problems. Is the number one thing you can do right now is induce autophagy?

Dr. Marik: Yes, it sounds so simple, but that's what I have realized. It's the simple things in life that have the most profound effect. It is the simple things in life. The more complicated it is, the less likely it is to succeed. Just by altering your diet, you can have a profound effect on getting rid of the spike protein, reducing insulin resistance, and improving your overall health.

There are also some other things you can do. There is a product called nattokinase. Nattokinase is an enzyme made from a bad bacteria when you ferment soy. Again, this is a product of nature. This is not a pharmaceutical invention.

Japanese people have been taking natto for hundreds or thousands of years. What's truly astonishing about nattokinase, is that it has a number of really very important effects on people who've been spiked. The one thing it does is break down extracellular spike.

What autophagy does is break down spike within the cell. What nattokinase does, it breaks down spike outside the cell. The other thing that nattokinase does, which is truly astonishing, is that it activates clotting, and it completely deranges the clotting system. Essentially, spike creates these fibrinous clots, which you can't break down.

Nattokinase, via a number of pathways, breaks down these fibrinous clots. Again, we have a simple intervention through multiple pathways. It can be profoundly advantageous in people who've been spiked, because it deals with the clotting and it deals with breaking down the spike. But of course, it's generic.
You can't patent it. Therefore, you can't make a lot of money on it, so no one is interested. That's the common theme we talk about. There are these wonderful products of nature that have profound biological effects that were given to us. It was a gift of nature that has these enormous properties of self-healing. This is not Paxlovid or one of these other toxic medications that you spent hundreds of dollars on.

Mr. Jekielek: You're not sounding like the typical ICU doctor.

Dr. Marik: I worked in the ICU, and I swallowed the Kool-Aid. I followed conventional medicine. That's what I did. Fortunately, in the ICU, most of our therapies were based on a good understanding of physiology, and then how to deal with physiology, rather than corrupt medications.

But it has started me on this journey and I've realized how completely corrupt and fraudulent traditional medicine is. I was a traditional physician. I believe what they told us. I believe what was published in the journals. I believe the agencies, but you can't trust them.

You really have to think about getting back to basics. The human body has enormous capacity for self-renewal and self-healing, and there are natural ways to embrace that. There are natural products that can help the body restore itself. That makes so much sense. With intermittent fasting, you buy less food, so you are saving money. No one's making money on this. If we actually adopted this across the country, we could reduce our expenditure on healthcare by at least 50 percent.

Mr. Jekielek: This is an unfathomable claim, almost. It seems so simple.

Dr. Marik: Yes. More recently, I've become interested in Vitamin D. We used to live indoors in our little caves, and we would sleep with no artificial light. That is really important because having darkness at night is really important in making melatonin. That's what the pineal gland does.

If your pineal gland is not functioning optimally, you don't make melatonin, which significantly increases your risk of cancer, particularly breast cancer. Night shift work is actually classified by the EPA as a type-two carcinogen, because these synthetic lights switch off melatonin. They don't contain infrared light.

During the night, we were in the cave. During the day, we went outdoors, we went hunting, we got sunshine, and we got blue light. Blue light is important during the day to switch off the pineal gland and it makes infrared. We've disturbed that natural cycle of life. We need to get back to the basics; walk outdoors, get sunshine, eat once or twice a day, and reestablish our circadian rhythm where you have darkness at night and light during the day.

It's just common sense. Vitamin D is so critical. There's overwhelming data. This is not fringe. There's overwhelming data that with people who have low Vitamin D levels, their risk of cancer has increased exponentially.

Interestingly enough, if you live in a high latitude, closer to the north or south pole, you get less ultraviolet B. You make less Vitamin D, and you have a higher risk of cancer. In fact, there was a study recently published in a peer reviewed journal, in which they looked at three simple interventions to reduce cancer. It was a prospective randomized study.

They gave patients 4,000 units of Vitamin D, one gram of omega-3, plus a simple home exercise program. They reduced the risk of cancer by 50 percent. Just think of the implications. I would add one or two other compounds. I would probably add melatonin to that.

I would probably add metformin and treat insulin resistance. You could eliminate cancer from this planet. You would save enormously, our healthcare expenditure would go down, but the pharmaceutical profits would go down too. Obviously, that's the issue. It goes against the pharma narrative, which is to sell them drugs that don't cure them.

They want you to take drugs forever that don't cure disease. They just suppress symptoms. It's a very sobering thought and people need to take matters into their own hands. People don't want to get cancer, and they don't want to get metabolic syndrome.

There are simple common sense things you can do to reduce your risk; take Vitamin D, take melatonin, get some exercise, and get some sunshine. We are not talking about high-tech interventions here. Then, obviously, we need to get more in tune with ourselves.

With the current level of stress and anxiety and depression, this society is out of control with the number of people addicted to substances. Through lifestyle changes that are just common sense, we can improve our health, our wellbeing, our longevity, and our happiness.

Mr. Jekielek: I do want to talk about one ICU intervention that you developed, an intravenous Vitamin C protocol that was highly effective. That's why you published it. You came to adopt an unorthodox view on dealing with COVID and were attacked for it, and even your sepsis protocol came under very serious attack. It's something that's very cheap and can be easily adapted in the developing world and save lives. It's just a wonderful thing on the face of it.

Please tell me about this. A lot of people were thrilled with this protocol at one point, then suddenly, it became toxic, metaphorically.

Dr. Marik: This was a repurposed drug, which was challenging the narrative and the status quo, because clearly cheap off-label repurposed drugs need to be banned. What people may not know is that Vitamin C is really a hormone rather than a vitamin.

All species on this planet, except for humans and guinea pigs, make Vitamin C. When your little puppy dog or your cat or your goat gets stressed, it actually makes Vitamin C. It's a stress hormone. It's very important for dealing with stressful reactions. Humans have lost their ability to make Vitamin C.

We have a fatal mutation in the biosynthetic pathway, so we can't make Vitamin C. If you take animals and stress them, they make Vitamin C in their liver. Their adrenal gland secretes Vitamin C. It's not by accident that animals make Vitamin C. It's really very important.

It's a potent antioxidant, and it has anti-inflammatory properties. It's very important for making hormones, but from the adrenal gland. It has anti-inflammatory, antibacterial properties. It's a very important stress hormone. But for whatever reasons, humans have a genetic mutation where they can't make it. What is the implication?

It's simple. When humans are stressed, give them Vitamin C. I stumbled upon this by accident. Because I had this patient in the ICU who was clearly dying of sepsis. There was no question or doubt she was dying
.
As a clinician, when you have a patient who's dying, and this was pre-COVID, you do whatever you can to save the patient's life, even if it's not conventional. But as long as it's not illegal, as long as it's an approved drug, you're going to try it. I had read the work of Dr. Fowler on Vitamin C. I thought, "Why not? Let me give it a try." I was expecting this woman to die.

When I came back the next day, not only was she not dying, she was sitting up in bed communicating. She was extubated, and her kidney function improved. This woman who was dying walked out of the ICU three days later. I thought, "That's impressive, but maybe it's just a one-off thing. I'll try it again." The same thing happened.

I did it again, and the same thing happened again. When observation is scientifically valid, it's reproducible. I kept on doing it because it was saving patients lives. At that point I said, "No one is going to believe me. I need to do a randomized study." I said to the nurses, "I'm going to do a randomized study." The nurses wouldn't let me do it because they said it's unethical for me to withhold a therapy, which I know saves kidneys, saves patients, and saves lives. To give them a placebo would be unethical. I agreed with them, because how could I, in good conscience, if I have something which can help patients, how could I deny it to them?

We collected a series of 48 patients. We then compared it retrospectively to a similar match group and we showed a marked reduction in mortality. What was interesting, and I actually had forgotten about this. Sepsis at that time was used as a marker of hospital quality of care.

There was a lot of focus by CMS [Centers for Medicare and Medicaid Services] and national health agencies on sepsis outcomes. There was a company called Truven who was collecting data for CMS independently. They provided data to the CEO of my hospital, who at that time was a really very nice man. He was actually interested in patient outcomes.

He didn't last long, obviously. But he gave me data showing that once we introduced this protocol at our hospital, the hospital mortality from sepsis independently of my data went from 20 percent to 8 percent. People thought this was snake oil medicine, and this was fraudulent data. That just doesn't make sense, but we had independent validation.

Mr. Jekielek: Just one quick question. Why did they think it was snake oil?
Dr. Marik: The head of the global sepsis forum who worked in Australia tweeted out that this was snake oil medicine and that I was a snake oil doctor. They just didn't like the idea that a vitamin which is cheap could save people's lives. It was against the narrative. It has to be an expensive molecule from pharma, which is specifically designed. The idea that Vitamin C, which is cheap, readily available, and completely safe should actually be able to have a significant impact in reducing mortality from sepsis was snake oil medicine.

Mr. Jekielek: This is before Covid?

Dr. Marik: This is before Covid.

Mr. Jekielek: You were about to talk about Covid, but this is before Covid. What did you think of them saying that?

Dr. Marik: I was personally offended. I was upset. I was disturbed because they went on this Twitter campaign to suggest that this was not real data, and that I had somehow manipulated the data. This couldn't be real, because I was going against mainstream medicine. I had no idea what was coming down the line. Traditional medicine does not like challenges to the status quo. It's very disturbing to them, particularly when it's an off-label drug. That's a theme that I've now recognized. As my direction has changed in terms of metabolic syndrome, diabetes, and cancer, I've realized that there are many repurposed drugs that are highly effective for these conditions.

Mr. Jekielek: Is this based on the existing literature we've been talking about? This is astounding to most people that in the established literature, hundreds of deeply researched papers will tell you that these things work. But it's not known in the collective consciousness, even among medical doctors.

Dr. Marik: Absolutely. Most medical doctors don't know because they've been isolated from this. It's called brainwashing, propaganda, and manipulation. I use Vitamin D because the amount of data supporting the concept that Vitamin D deficiency causes cancer and that supplementing with Vitamin D reduces your risk of cancer is overwhelming. Yet nobody knows about it and nobody cares. Medicine is controlled by big pharma. The food industry is controlled by the big nutrition companies. They're in cahoots to keep Americans as unhealthy as they can by promoting bad food, which causes all of these diseases for which you take drugs which are not curative.

They suppress the symptoms, and they don't treat the disease. We need a reawakening because this current medical system is broken. Our goal now is to educate clinicians, healthcare workers, and the public that they need to be empowered. The Epoch Times is wonderful in that respect because it does speak the truth.

I'm not making this stuff up. It's not like I'm taking some psychedelic drug that is disturbing my thought process. In fact, there was a paper written on Vitamin D deficiency in the New England Journal of Medicine. That's considered the gold standard.

In this review paper, they beautifully describe how Vitamin D deficiency causes cancer and how if you supplement, it reduces the risk. The data's there, but physicians have been shielded from the truth and the science.

Mr. Jekielek: There's another part of the story with respect to the sepsis protocol, which I want you to talk about.

Dr. Marik: Yes. Because of our involvement in promoting off-labeled drugs and alternative protocols and challenging the narrative, I became a target. What better way to embarrass me, discredit me, and disgrace me than to suggest that my research is fraudulent.

There was an internet physician in Australia who basically went on the internet and made these outrageous claims. He basically said that within five minutes of reading my Vitamin C study, it was clear that the data was made up. He perpetuated this accusation on Twitter. He sent notices to most of the social media companies that were promoting the narrative.

He actually wrote a letter to both my hospital that I worked at, and the journal, basically stating that my paper was fraudulent, the data was fabricated and the paper needed to be retracted. This individual, who we absolutely are certain is getting funding from certain sources, had actually written papers and tweets discrediting ivermectin and hydroxychloroquine. This was not just an isolated event. This was a coordinated attack on me and Vitamin C and repurposed drugs. What happened is the journal got this complaint, and they looked at the complaint. They went through an investigation. Then, they wrote us a letter saying that this complaint was completely false and had no validity. But they said at the same time this happened, they received a new complaint that there was some aberration in our inclusion and exclusion criteria for selecting patients, which violated ethical rules.

They didn't state where the claim came from, but I'm certain where it came from. So, the hospital got rid of me, when we had shown Vitamin C was actually saving lives. It did save lives, and we had really good data as I explained to you. Our nurses were absolutely convinced it helped. They could see it with their own eyes. I was a hero. But then Covid came and they didn't like what I was saying, so I became the anti-hero. They had to get rid of me. As part of their attempt to discredit me, they filed this complaint with the journal accusing me of scientific misconduct. Then, the journal did another investigation, which went on for a year. At the end of it, like two weeks ago, they basically cleared us. They said, “There's no validity for any of these accusations.” We were vindicated. What they had requested was changing two words in the methods section, which really were inconsequential. The results stand, and the discussion stands.

In the conclusion, they just wanted two minor changes in the methods section. This became a major issue because if the paper had been retracted, which was their goal, this would have suggested that the research on Vitamin C was fraudulent and had no validity, and would've ended the use of Vitamin C for sepsis. Sepsis is a really important disease. We have a simple intervention that can save lives.

Mr. Jekielek: 20 million people a year, globally.

Dr. Marik: Yes, globally. In a way, this is a victory for me, but really it's a victory for medicine. It's a victory for science. Hopefully, people will now say our paper was scrutinized, and they went out of their way to find fault with my paper. They had scientists and epidemiologists and all kinds of people trying to find fault with our paper.

All they could come up with was changing two words. In a way, it does validate our research more than it was before, because they've now said it stands. That's really important for patients with sepsis, which as I said, is a major killer across the world. You can use it in resource-poor countries. Shouldn't that be what our goal is, to help humanity?

We make up about 4 percent of the global population in America, yet we consume 55 percent of the prescription drugs. How is that possible? 80 percent of prescription opiates are written in this country. This tells you the stranglehold that big pharma has on this country. But the reality is that there are cheap repurposed drugs that can be deployed globally that can have a massive effect on improving the health and welfare of humanity.

Mr. Jekielek: Those are astounding numbers. You understand there's something deeply wrong knowing that.
Dr. Marik: Yes, that's what is so troubling. Once you see the lies, the deceit, and the dishonesty, you can't unsee it. Then, you just realize the depth of this corruption. We've been brainwashed. The good thing is that we're exposing this, and there are simple interventions that people can use to empower themselves and improve their health.

They need to be educated, and they need to be informed. When you choose a physician, you need to engage in a conversation just to get an idea where they sit on the spectrum, if they are open to the use of repurposed drugs, and if they're open to Vitamin D and Vitamin C. Then, ask them what they think about the vaccine.

Because if they are still pushing the vaccine, they're obviously captured and brainwashed. Patients can choose their healthcare providers and they should select them carefully.

Mr. Jekielek: Does FLCCC have a network of physicians that they recommend?

Dr. Marik: Yes.

Mr. Jekielek: How do you make those choices?

Dr. Marik: We are working on the list. It's not ideal because obviously we can't screen every physician who wants to be listed. What we are actually thinking of doing is certifying physicians. If they watch our educational modules, that will give them a certificate of attendance, and a stamp of approval, which is obviously difficult to do. We don't want to administer tests and all kinds of things, but it's very important.

The kind of doctor you have will determine the treatment you get and will determine the outcome. It's very important you select your physician wisely. We can't scrutinize every clinician, but we are working on a network, and we are working on certification.

We're actually thinking of a collaborative project with React19 to develop a network of clinicians who can manage the vaccine injured. That's a starting point. Also, when you look for a new physician, if they don't have time to speak to you, then you don't have time for them, because you want to have trust in them. There are some very good physicians out there who understand the corruption in the system, and who really want to do what they were trained to do; treat patients, follow the hippocratic principle, follow true informed consent, and help people. There are good physicians out there, you just need to find them.

Mr. Jekielek: Any final thoughts as we finish up?

Dr. Marik: First of all, thank you for this conversation. People need to think about getting back to basics and common sense, being able to think for themselves, and not being told what to think. These are important issues to think about. Read about it, think about it, explore it, and go on this new adventure.

For me, it has been a really exciting adventure because it's opened my eyes, and I think it's opened your eyes. There's no reason that we all can't go on this wonderful adventure. We hopefully will live happier, healthier, and more fulfilling lives.

Mr. Jekielek: Paul Marik, it's such a pleasure to have you on again.

Dr. Marik: Thank you, Jan.

Mr. Jekielek: Thank you all for joining Dr. Paul Marik and me on this episode of American Thought Leaders. I'm your host, Jan Jekielek.

This interview has been edited for clarity and brevity.