

Promising Observations on Treating COVID-19

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Recent news reports of successful treatments of COVID-19 infected patients provoked me to revisit the mechanisms of action for drugs that I have used for years ... *in the treatment of "Deep Blood Fungus" issues*. That is my term for documented parasite infections identified by next-generation DNA sequencing testing developed in 2015 by Stephen Fry, M. D. (frylabs.com). Prominent among eukaryotes identified in blood specimens are *Funneliformis mosseae* (plant fungus), *Perkinsus* species (as from oysters), *Hydrurus foetidus* (stream algae), *Spumella* species (aquatic organisms), *Saccharomyces cerevisiae* (yeast valuable for food production), and *Toxoplasma gondii* (protozoan parasite that can be found in unwashed produce), among others.

My clinical experience suggests that Deep Blood Fungus (DBF) organisms play a contributory role in the development and progression of a wide range of "inexplicable" diseases, often treated with cortisone or chemotherapy. These include various cancers, blood cancers, severe skin conditions, sudden kidney failure, sudden worsening of diabetes, MS (multiple sclerosis), ALS (Lou Gehrig's disease), RA (rheumatoid arthritis), SLE (lupus), vague immune defense system disorders, Lyme Disease, Chronic Fatigue Syndrome, and others. Fry Laboratories tests have also confirmed DBF evidence in the plaque blocking heart arteries (our *leading* cause of death) and in other body organs. With research reports now suggesting that Alzheimer's dementia (and perhaps most others) involves infections in the brain, the possibility that many or most of our chronic pathologies result from unsuspected, untested, and undetected infections ... that remain *untreated*.

The question arises: why would hydroxychloroquine (anti-malarial) and azithromycin (anti-bacterial) play a role in rapid reduction of life-threatening COVID-19 symptoms. Particularly impressive are improvements with pulmonary symptoms, even when patients have deteriorated to the point of ventilation assist. Such recoveries have been attributed to interruption of the "cytokine storm," proposed as an exaggerated immune response that inadvertently challenges survival. Simply stated, *antiviral* drugs available today have not shown desired results for *this* virus but *other* "antibiotic" medications have.

Over the past 4½ years since the genetic testing has been available, my work and others have confirmed that combinations of various drugs have provided (sometimes significant) clinical improvement for a laundry list of "we-don't-know-the-cause" distressing diseases. For dozens of years patients have enjoyed the benefits of treating rheumatoid arthritis and lupus arthritis with hydroxychloroquine – an anti-malarial. Similar results with combining metronidazole (anti-fungal) with allopurinol (gout treatment) have been seen since 1976, when Professor Roger Wyburn-Mason speculated that rheumatoid patients were suffering from amoeba invasion in support tissues. Recent studies have suggested that both of these drugs have powerful anti-inflammatory effects in many organ systems not just joints. (Interesting perspectives are found at <http://arthritistrust.org/important-articles/>) (Details on DBF are revealed in my 2-hour lecture "Deep Blood Fungus: Dental and Other Connections to Devastating Illnesses" presented in 2018: <https://healthchoicesnow.com/26236/deep-blood-fungus-iabdm/>)

Cursory literature review of the two dozen-plus drugs that have been variously combined to "treat" DBF show reports of anti-inflammatory activity, whether reduction of cell signaling or activation of aggressive immune cell responses or other mechanisms. My studies in immunology

since 1968 have convinced me that simplistic explanations have little value, since the systems are intricately complex. Those who demand double-blind studies before prescribing often-successful empirical therapy will watch their patients suffer, some will die. (These therapy-altering interactions are reviewed in my 2020 lecture “Immunity-Inflammation-Infection: Rooting Out All Degenerative Diseases?”, available soon at www.healthCHOICESnow.com.)

My clinical experience suggests that anti-fungal and anti-parasite medications have an important role to play in treating (even preventing?) COVID-19 infections. More provocative is the prospect that dental infections might predispose for more serious viral episodes – perhaps even with common influenza that kills 20- to 60,000+ Americans *each* “flu season.” Gingivitis is quite common, periodontal disease has been implicated in deeper tissue infections. Children have far fewer complications with COVID-19 ... because their gums and teeth are in better condition? Specific dental care and proper prophylaxis might emerge as fundamental for effective treatment programs. (My 2019 lecture “Could Your Dentist Cause Your Cancer – Or Many Other Deadly Diseases” shows clear evidence, available soon at www.healthCHOICESnow.com.) Other modalities that we use (ozone, hydrogen peroxide, UV light, chelation, nutritional IVs and supplements, sauna and other detoxification programs, and so on) clearly contribute to reducing infection and boosting immunity as well.

Integrative practitioners and biological dentists must assume a directing role in helping patients to restore and maintain more robust immune system function, critical for surviving any infection. Various slogans and platitudes are bandied about, but our patients need concrete advice on daily living habits for a longer life, more comfortable and capable. While many conventional physicians and pharmacists dismiss the critical role of nutrition in creating and preserving better health, COVID-19 presents us with a life-saving teaching moment. Essential minerals are lacking in “fast foods” and “ultra-processed foods,” which often contain higher levels of grains that can impair mineral absorption. One such essential micronutrient is zinc. Zinc deficiency is prominent in diseases of aging and in illnesses associated with immune compromise. Of course all nutrients are critical, but everyone needs to compare the *striking* similarity of zinc deficiency symptoms to those of COVID-19 (<https://tinyurl.com/ud33ulq>). Incidentally ... zinc is significant for oral health.

Government and medical leaders encourage (or “order”) people to “stay home, stay safe” – but simple prevention and nutritional measures (applicable to *all* communicable diseases) are far more important than economy-busting social distancing and unconstitutional quarantine orders for the general public. We need to investigate why many people who are “infected” with coronavirus show minimal or no symptoms ... what “healthy” factors distinguish them from others? What is different about people who have advancing and even life-threatening symptoms of COVID-19? – perhaps also those with seasonal influenza? Possibly undiagnosed problems with The Yeast Syndrome figure prominently. Certainly studies are needed. But my clinical experience suggests that early treatment with combinations of medications shown useful for Deep Blood Fungus might reduce suffering and death. And *that* is our solemn duty.

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