Hospitals & Asylums

Advisory Opinion that Hydrocortisone, Eucalyptus, Lavender or Peppermint help Vaccines Cure COVID-19 HA-23-3-21

By Anthony J. Sanders

As of March 22, 2021 there have been an estimated 123 million confirmed cases, 69.9 million recoveries and 2.72 million deaths from COVID-19 (SARS-CoV-2) worldwide. Since the *Convention on Pandemic Treatment* (CPT), prescribing hydrocortisone, eucalyptus, lavender or peppermint to cure coronavirus, was first officially ignored on July 27, 2020 when there had been 13.9 million confirmed cases, 7.8 million recoveries and 0.6 million deaths, there have been an estimated 110 million confirmed cases, 62.1 million recoveries and 2.1 million deaths from COVID-19. To end the pandemic it is essential that the public knows to treat their nose with hydrocortisone, eucalyptus, lavender or peppermint to cure coronavirus on an equal basis with vaccines. Although they may help to prevent severe infection the true effectiveness of vaccines is estimated to be only 30%. Furthermore, vaccines are only indicated for people over the age of 16. To safely return to school it is absolutely necessary to learn the lesson that hydrocortisone, eucalyptus, lavender or peppermint cure coronavirus and mentholyptus cures both coronavirus and influenza. Essential oil of eucalyptus scented humidifiers (diffusers) must be tried to ensure schools are coronavirus and influenza free.

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Declaration on Social Progress and Development (1969)
Discrimination in price, services or facilities 15USC§13a
Dissemination of False Advertisement 15USC§52
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I. Introduction

1. As of March 22, 2021 there have been an estimated 123 million confirmed cases, 69.9 million recoveries and 2.72 million deaths from COVID-19 (SARS-CoV-2) worldwide. Since the *Convention on Pandemic Treatment* (CPT), prescribing hydrocortisone, eucalyptus, lavender or peppermint to cure coronavirus, was first officially ignored on July 27, 2020 when there had been 13.9 million confirmed cases, 7.8 million recoveries and 0.6 million deaths, there have been an estimated 110 million confirmed cases, 62.1 million recoveries and 2.1 million deaths from COVID-19. This mega-murder of ignorance must stop. The International Bill of Rights provides: Everyone has a right to life, liberty and security of person under Art. 3 of the Universal Declaration of Human Rights (1948). To achieve full realization of the right of everyone to the enjoyment of the highest attainable standard of physical and mental health States Parties to the Covenant on Economic, Social and Cultural Rights (1966) shall take steps necessary for the prevention, treatment and control of epidemic, endemic, occupational and other disease under Art. 12(1)(c) and the provision of health protection for the entire population under Art. 10(d) of the Declaration on Social Progress and Development (1969).

2. To abolish the death penalty for coronavirus pursuant to the Second Optional Protocol to the Covenant on Civil and Political Rights (CCPR) (1989) this petition for equal advertising of hydrocortisone, eucalyptus, lavender or peppermint with COVID-19 vaccines is appealed from the United States Supreme Court to the Human Rights Council pursuant to the Optional Protocol to the CCPR (1976) regardless of any limitation on the sovereignty of the United States or failure to prosecute prior human rights council email cyberstalking murders since terminating Human Right Council clerkship under Art. 2 of the Universal Declaration on Human Rights, hopefully avoided by special direct communication to the Human Rights Council under Art. 66(2) and Art. 34(2) to decide the effectiveness of *essential oil of eucalyptus scented humidifiers* at curing COVID-19 allergic rhinitis, germaphobia and truancy *ex aequo et bono* under Art. 38(2) of the Statute of the Court and Art. 26(a) of the Rules of the Court.

3. There are seven known coronaviruses that infect humans, including four that are responsible for about 15% of common colds. The four “cold” coronaviruses affect the upper respiratory tract and cause symptoms such as sore throat or runny nose. Three coronaviruses have caused major human disease: SARS-CoV, MERS-CoV, and SARS-CoV-2 virus, or “the novel coronavirus” as it’s commonly called. These three affect the lower respiratory tract – the lungs. SARS-CoV, MERS-CoV, or SARS-CoV-2. Once the virus gains entry into the respiratory tract, usually via the nose, SARS-CoV-2 causes damage to epithelial cells of the airways making lungs unable to clear dirt and mucus which can lead to pneumonia.(Yang et al '20). Almost all COVID-19 positive patients have lung abnormalities.

Abnormal and overactive inflammatory responses to SARS-CoV-2 are proposed to be the major causes of disease severity and death in COVID-19 patients. This hyper-inflammatory state is associated with increased levels of circulating cytokines, profound lymphopaenia, and substantial mononuclear cell infiltration in the lungs and other organs including heart, spleen, lymph nodes, and kidneys. The systemic cytokine profiles observed in patients showed increased production of cytokines such as IL-6, IL-7, and tumor necrosis factor (TNF) and many other pro-inflammatory cytokines (Merad et al '20). The asymptomatic patient is a dangerous myth because official symptoms fail to describe the allergic rhinitis that indicates to reasonable people that they have a coronavirus infection and require treatment with hydrocortisone, eucalyptus, lavender or peppermint.

4. The good news is that coronavirus is the only cold with a cure – COVID-19 vaccines, hydrocortisone, eucalyptus, lavender or peppermint cure coronavirus, but are not necessarily 100% effective. The bad news is that untreated coronavirus can be deadly and it is even more contagious than influenza. To bring an end to the COVID-19 pandemic it is necessary for the news media and public officials to advertise to everyone that hydrocortisone, eucalyptus, lavender or peppermint cure coronavirus, and (Hall's) mentholyptus cures both coronavirus and influenza, with a little face washing, on a competitive non-discriminatory basis with vaccines pursuant to 15USC§13a. Under Art. 55 of the United Nations Charter with a view to the creation of conditions of stability and well-being which are necessary for peaceful and friendly relations among nations based on respect for the *principle of equal rights and self-determination of peoples*, the United Nations shall promote: (b) solutions of international economic, social, health, and related problems; and international cultural and educational co-operation under the Covenant on Economic, Social and Cultural Rights (1966) - Art. 1 provides at (1) all peoples have the right to self-determination, and (2) All peoples may, for their own ends, freely dispose of their natural wealth and resources without prejudice to any obligations arising out of international economic cooperation (e.g. COVID-19 vaccine advertisement monopolization), based upon the principle of mutual benefit, and international law. In no case may a people be deprived of its own means of subsistence.

5. There are three undeniable reasons that the news media and public officials must advertise that hydrocortisone, eucalyptus, lavender or peppermint cure coronavirus on an equal basis with vaccines. First, true vaccine effectiveness is only about 30%, not 70% after one dose and 98% after two doses, but vaccines may help to avoid serious illness and death and must not be discriminated against. Second, vaccination exacerbates coronavirus infection and doubles the chance of severe infection over placebo (Polack et al '20). Third, vaccines are not approved for children under the age of 16, 18 for Johnson & Johnson single shot, and for our snot nosed children to return to school safely, and conclude the pandemic as if the World Health Organization (WHO) had never falsely claimed that there is no treatment for coronavirus, it is necessary for humanity, China and ultimately the WHO to learn the lesson that hydrocortisone, eucalyptus, lavender or peppermint cure coronavirus (Sapeika '63)(Kit-Ying ’06); mentholyptus cures coronavirus and influenza (Sapeika '63)(Juergens et al '03)(Asif et al '20). The essential principle contained in the actual trial of an illegal act is non-repetition and that reparation must, as far as possible, wipe out all the consequences of the illegal act and re-establish the situation which would, in all probability, have existed if that act had not been committed in the *Advisory Opinion regarding the Legal Consequences of Constructing a Wall in the Occupied Palestinian Territory* No. 131 on 9 July 2004.

II. Human Error

6. The World Health Organization (WHO) is to blame for denying that there is any treatment for coronavirus, however the United Nations is protected against liability by the Convention on the Privileges and Immunities of the United Nations (1946). Application of the Convention on the Prevention and Punishment of the Crime of Genocide (*The Gambia v. Myanmar*) Summary 2020/1 23 January 2020 held Myanmar's military and security forces responsible, inter alia, for killings, rape and other forms of sexual violence, torture, beatings, cruel treatment, and for the destruction of or denial of access to food, shelter and other essentials of life, all with the intent to destroy the Rohingya group, in whole or in part. This decision brought to light that destruction, denial and deprivation of rights are common crimes of genocide, and that it is a war crime against the entire race for the WHO to deny a prescription for hydrocortisone, eucalyptus, lavender or peppermint to cure coronavirus and mentholyptus to cure coronavirus and flu on an equal basis with vaccines. The directive to not touch the face, was in error to not direct people to "wash their face". Furthermore, the alcohol preparations advocated for compulsive hand washing are not anymore effective than water and special soaps containing eucalyptus, lavender or peppermint continue to be wanted. Social distancing, gag orders and lockdown orders have had a profound effect on the socio-economy without being justified with prompt prescription of hydrocortisone, eucalyptus, lavender or peppermint to treat allergic rhinitis. Health Systems have become overloaded, even having sufficient diagnostic capacity and hospital facilities to handle such an outbreak. In the most vulnerable regions, the COVID-19 epidemic effectively paralyzes health systems at the expense of primary health care (Velavan et al '20).

7. Some measures, such as lock-down of communities, social distancing, and international travel quarantines are believed to help slow the COVID-19 spread (Heymann et al '20) but are probably just an opportunity to engage in genocidal behaviour because of the underlying errors, regarding allergic rhinitis sensitivity to coronavirus and that there is no treatment for coronavirus, are such an impediment to reason. The reason for these errors regarding coronavirus and influenza is that it is said that "doctors make the worst patients". In cases of highly contagious diseases, that they themselves catch, such as coronavirus and influenza, health professionals tend to deny having having the disease in order to justify working although they themselves infect the populace. Furthermore, to warrant the description of being the worst patient, because in practice they are quite responsive patients, health professionals, and physicians in particular, are inexplicably compelled to violently "shank" rather than thank the person who cures them, perhaps to continue to sell expensive and ineffective treatments or surgeries by concealing the truth, but this behaviour is as a complete mystery, as it is a horrible persecution. The myth of the asymptomatic patient, incubation period and flu-like respiratory symptoms of severe acute respiratory syndrome (SARS) occurred because coronavirus was detected in the lungs of patients and deceased patients who had been hospitalized with severe respiratory disease (WHO '20) and to avoid fear of discrediting and closing the health system to prevent spread of coronavirus the pseudo-scientific propaganda failed to inform the public that the "nose knows" the presence of coronavirus instantly. The myth that there is no treatment for coronavirus is the result of the same problem of isolating coronavirus in seriously ill hospitalized patients whose severe respiratory infection was complicated with pneumonia, influenza and other pathogens (WHO '20). This terrible propensity is mimicked in the inappropriate response to influenza pandemics by soliciting for live viruses to create new vaccines when the public should be treated with mentholyptus cough drops, Oseltamivir (Tamiflu), Zanamivir (Relenza) and Amantadine (Symmetrel) that is also the FDA approved effective antidote for the potentially lethal extra-pyramidal syndrome side effect of one regular dose of antipsychotic drug, to describe how dangerous bad medicine can sometimes be.

8. It is disappointing that the largely coronavirus free nations of Australia and New Zealand engage in restrictive measures and need to be more forthwith regarding the effectiveness of eucalyptus at curing coronavirus to liberate their nations and the rest of the world from irrational germaphobic lockdowns and travel quarantines. New Zealand declared itself virus free in June 2020 after a complete border closure and one strict lockdown period. It has since had a few cases. Australia also has extraordinarily low incidence of coronavirus (Baker et al '20). Until early March 2020, the NZ response to COVID-19 followed the existing pandemic plan, which was based on a mitigation approach for managing pandemic influenza.3 The plan includes steps designed to slow entry of the pandemic, prevent initial spread and then apply physical distancing measures progressively to flatten the curve and avoid overwhelming health services. Because pandemic influenza cannot be contained (except by extreme measures such as total border closure), there was a presumption that case- and contact- based management would fail and the country would inevitably progress to widespread community transmission of severe acute respiratory syndrome coronavirus 2 (SARS- CoV- 2). Most Western countries across Europe and North America were following the mitigation approach. However, it was performing poorly, with COVID- 19 cases overwhelming health services. These countries were then switching to a suppression strategy. This strategy involved intense physical distancing, travel restrictions (lockdowns) to suppress virus transmission and contact tracing. Most low and middle income countries could do very little to manage the pandemic except by applying limited mitigation measures. Vietnam was a notable exception, implementing stringent control measures including quarantine, contact tracing, border controls, school closures and traffic restrictions while case numbers were still low. A number of island states, such as Samoa, Tonga and the Cook Islands, adopted an exclusion approach, primarily by closing their borders to incoming travellers (Ferguson et al '20). By early March the evidence base for elimination was growing, with the increasing realisation that COVID- 19 was markedly different to pandemic influenza in terms of its transmission dynamics. However, without any treatment there was no established definition for COVID-19 elimination (Anderson et al '20) Widespread use of face masks was not a feature of the NZ strategy but might in future reduce the need for lockdowns (Kvalsvig et al '20).

9. Coronavirus testing has become a common public service (nuisance), but fails to prescribe curative hydrocortisone, eucalyptus, lavender or peppermint treatment and most critically dissociates the COVID-19 pandemic from the allergic rhinitis that the “nose knows”. Furthermore, combination tests test for both flu and coronavirus and there is a pervasive inability to distinguish between coronavirus, the prevailing contagion, and influenza, endemic in some localities, all of which are termed “coronavirus” and left untreated by public health authorities. A viral test determines is a person has a current infection. Combination tests can test for the flu and the coronavirus at the same time. Two types of viral tests can be used: molecular nucleic acid amplification tests (NAATs) and antigen tests - RT-PCR test, LAMP test. NAAT test result can be returned the same day, at some locations, or can take up to a week or longer. This test is typically highly accurate and usually does not need to be repeated. Antigen tests usually provide results diagnosing an active coronavirus infection faster than molecular tests, as fast as 15-30 minutes, but antigen tests have a higher chance of missing an active infection. Samples are taken by nasopharyngeal (the part of the throat behind the nose), nasal or throat swab. An antibody test (also known as a serology test) may determine a past infection using a blood sample. Antibody tests should not be used to diagnose a current infection. Test results can be returned same day or 1-3 days.

10. It is heartbreaking that the FDA has demanded that information regarding the curative nature of certain essential oils be removed and that advocates of essential oils, like so many environmentalists and pseudo-scientists are infirm in their conviction that hydrocortisone, eucalyptus, lavender or peppermint help vaccines to cure COVID-19. A long list of essential oils thought to be curative of the novel coronavirus (SARS-CoV-2) termed as COVID-19 was compiled but described as being in need of more clinical trials (Patne et al '20). A warning letter (MARCS-CMS 605752) was issued to a company by the FDA Center for Drug Evaluation and Research, USA and was asked to withdraw the material about anti-corona efficacy of essential oils obtained from *Eucalyptus s*pecies, cinnamon, clove, frankincense, ginger, grapefruit, lemongrass, rosemary, tea tree, and lavender. MARCS-CMS 605013 asked a company to withdraw their claim that the most powerful anti-virus essential oils to provide defence against coronavirus include: basil, bergamot, cajuput, cedarwood Virginian, cinnamon, clove bud, eucalyptus globulus, radiata and smithii, juniper berry, lavender Spike, laurel leaf, lemon, manuka, niaouli, peppermint, ravensara, ravintsara, rosemary, sage, tea tree, thyme sweet and thyme white. it is unlawful under the FTC Act, 15USC§52, to advertise that a product can prevent, treat, or cure human disease unless you possess competent and reliable scientific evidence, including, when appropriate, well-controlled human clinical studies, substantiating that the claims are true at the time they are made. In conclusion, while many of these products may have merely been included in remedies, the FDA is asked to suspend their disbelief in regards to the effectiveness of Eucalyptus species, lavender and peppermint at curing coronavirus (Sapeika '63).

11. States must remove any impediments arising to the free exportation of goods required for humanitarian needs, such as (i) medicines and medical devices; paragraph 98 of Alleged violations of the 1955 Treaty of Amity, Economic Relations, and Consular Rights (*Islamic Republic of Iran v. United States of America*) No. 175 3 October 2018. It is misleading the public to germaphobia, defined as an inrrational fear of germs and/or their treatment, and consequential economic depression, defined as more than two quarters of economic recession, that the WHO denies that there is any treatment for coronavirus and that vaccine monographs, federal public health advisories, FDA and “vaccers”, war crime by definition of biological experimentation, are unconstitutionally vague regarding the differential diagnosis between the allergic rhinitis leading to severe acute respiratory syndrome (SARS) of coronavirus and the wet cough, fever and fatigue of influenza, the vaccine for which is notoriously ineffective (Sanders; Chest '20: 429, 431-433). Systematic review of 51 studies found no evidence that the flu vaccine is any more effective than a placebo in children (Smith et al ’08). Studies published in 2008 found that influenza vaccination was not associated with a reduced risk of pneumonia in older people although it did contribute to a reduction in mortality (Jackson et al ’08)(Eurich et al ’08). In the winter flu season of 2012-2013 the flu vaccine was only 8% effective (Fiore "09). There is concern that FDA protocol nucleic acid amplification-based coronavirus testing tests positive for both coronavirus and influenza or may not “know their coronavirus nose” at all (Polack et al '20). Once the virus infects the respiratory system, the SARS-CoV-2 spike proteins bind host cell ACE2 receptors, just like SARS-CoV (Hoffman et al 2020), and the receptor-bound virus particle enters the host cell inside an endosome, much like influenza (Fung et al '19).

III. COVID-19 Vaccine Trials

12. Although COVID-19 vaccines prevent serious disease and illness they do barely, if at all, eliminate the contagious state of allergic rhinitis, rational people use to determine whether they have the disease and require treatment with hydrocortisone, eucalyptus, lavender or peppermint. Statistical reductions in

COVID-19 deaths in long-term care facilities for the elderly indicate that the vaccines are effective, although this could also be due to unsaid improvements in hygiene, diagnosis and medical treatment, the effectiveness of vaccines is not to be disregarded by adult at risk and medically incompetent populations, nor is it allowed for children (Baden et al '20). The development of BNT162b2 was initiated on January 10, 2020, when the SARS-CoV-2 genetic sequence was released by the Chinese Center for Disease Control and Prevention and disseminated globally by the GISAID (Global Initiative on Sharing All Influenza Data) initiative. Large-scale clinical studies found that COVID-19 vaccination prevented most people from getting COVID-19. All COVID-19 vaccines available in the United States are effective at preventing COVID-19 It typically takes about 2 weeks for the body to build protection after vaccination. That means it is possible you could still get COVID-19 soon after vaccination. This is because the body has not had enough time to build full protection. Some people who are fully vaccinated against COVID-19 will still get sick because the vaccines are not 100% effective against COVID-19 illness. Based on data from clinical studies, COVID-19 vaccine may help prevent serious illness, even if contracting COVID-19 (Polack et al '20). Among participants with and those without evidence of prior SARS CoV-2 infection, 9 cases of Covid-19 at least 7 days after the second dose were observed among vaccine recipients and 169 among placebo recipients, corresponding to 94.6% vaccine efficacy (95% CI, 89.9 to 97.3). A two-dose regimen of BNT162b2 (30 μg per dose, given 21 days apart) was found to be safe and 95% effective against Covid-19. The vaccine met both primary efficacy end points, with more than a 99.99% probability of a true vaccine efficacy greater than 30%, and greatly exceeded the minimum FDA criteria for authorization (Polack et al '20).

13. A total of 43,548 participants underwent randomization, of whom 43,448 received injections: 21,720 with BNT162b2 and 21,728 with placebo. There were 8 cases of Covid-19 with onset at least 7 days after the second dose among participants assigned to receive BNT162b2 and 162 cases among those assigned to placebo; BNT162b2 was 95% effective in preventing Covid-19 (95% credible interval, 90.3 to 97.6). Similar vaccine efficacy (generally 90 to 100%) was observed across subgroups defined by age, sex, race, ethnicity, baseline body-mass index, and the presence of coexisting conditions. Among 10 cases of severe Covid-19 with onset after the first dose, 9 occurred in placebo recipients and 1 in a BNT162b2 recipient. A two-dose regimen of BNT162b2 conferred 95% protection against Covid-19 in persons 16 years of age or older. Safety over a median of 2 months was similar to that of other viral vaccines. (Funded by BioNTech and Pfizer; Clinical Trials,gov number, NCT 04368728). Confirmed COVID-19 was defined according to the Food and Drug Administration (FDA) criteria as the presence of at least one of the following symptoms fever, new or increased cough, new or increased shortness of breath, chills, new or increased muscle pain, new loss of taste or smell, sore throat, diarrhea, or vomiting, combined with a a respiratory specimen obtained during the symptomatic period or within 4 days before or after it that was positive for SARS-CoV-2 by nucleic acid amplification-based testing, either at the central laboratory or at a local testing facility (Using a protocol-defined acceptable test). Severe Covid-19 is defined by the FDA as confirmed Covid-19 with one of the following additional features: clinical signs at rest that are indicative of severe systemic illness; respiratory failure; evidence of shock; significant acute renal, hepatic, or neurologic dysfunction; admission to an intensive care unit; or death (Polack et al '20). The percentage of Covid-19–positive patients in whom severe illness developed was 5.6% (9 of 162 patients) in the placebo group and 12.5% (1 of 8 patients) in the vaccine group — a difference of 6.9 percentage points (95% confidence interval [CI], 6.4 to 7.6) ($P<0.001$ by the chi-square test of proportions) (Baden '20).

14. The most commonly reported systemic events were fatigue and headache (59% and 52%, respectively, after the second dose, among younger vaccine recipients; 51% and 39% among older

recipients), although fatigue and headache were also reported by many placebo recipients (23% and 24%, respectively, after the second dose, among younger vaccine recipients; 17% and 14% among older recipients). The frequency of any severe systemic event after the first dose was 0.9% or less. Severe systemic events were reported in less than 2% of vaccine recipients after either dose, except for fatigue (in 3.8%) and headache (in 2.0%) after the second dose. Fever (temperature, ≥38°C) was reported after the second dose by 16% of younger vaccine recipients and by 11% of older recipients. Only 0.2% of vaccine recipients and 0.1% of placebo recipients reported fever (temperature, 38.9 to 40°C) after the first dose, as compared with 0.8% and 0.1%, respectively, after the second dose. Two participants each in the vaccine and placebo groups reported temperatures above 40.0°C. More BNT162b2 recipients than placebo recipients reported any adverse event (27% and 12%, respectively) or a related adverse event (21% and 5%). Sixty-four vaccine recipients (0.3%) and 6 placebo recipients (<0.1%) reported lymphadenopathy. Four related serious adverse events were reported among BNT162b2 recipients (shoulder injury related to vaccine administration, right axillary lymphadenopathy, paroxysmal ventricular arrhythmia, and right leg paresthesia). Two BNT162b2 recipients died (one from arteriosclerosis, one from cardiac arrest), as did four placebo recipients (two from unknown causes, one from hemorrhagic stroke, and one from myocardial infarction). No deaths were considered by the investigators to be related to the vaccine or placebo. No Covid-19–associated deaths were observed. Concerns have emerged regarding the possible resistance of SARS-CoV-2 variants to Covid-19 vaccines and neutralizing antibodies. During the study period, an increasing share of SARS-CoV-2 isolates in Israel — up to 80% in the days before data extraction — were of the B.1.1.7 variant (Wang et al '21)

15. On Jan. 29, Johnson & Johnson and the NIH reported that J&J's vaccine, the only one to require only one dose, prevented moderate Covid-19 by 66%, with results differing by geography due to different variants being in circulation. Johnson & Johnson announced single-shot Janssen COVID-19 vaccine candidate met primary endpoints in interim analysis of its phase 3 ENSEMBLE trial on January 29, 2021. The U.S. Food and Drug Administration (FDA) has issued Emergency Use Authorization (EUA) for its single-dose COVID-19 vaccine, developed by the Janssen Pharmaceutical Companies of Johnson & Johnson, to prevent COVID-19 in individuals 18 years of age and older. data from the Phase 3 ENSEMBLE study that demonstrated the vaccine was 85 percent effective in preventing severe disease across all regions studied, and showed protection against COVID-19 related hospitalization and death, beginning 28 days after vaccination (J & J '21). The Astra-Zeneca AZD1222 vaccine against COVID-19 has an efficacy of 63.09% against symptomatic SARS-CoV-2 infection. Two versions of the vaccine produced by AstraZeneca-SKBio (Republic of Korea) and the Serum Institute of India – have been listed for emergency use by WHO. The recommended dosage is two doses given intramuscularly (0.5ml each) with an interval of 8 to 12 weeks. Vaccination is recommended for persons with comorbidities that have been identified as increasing the risk of severe COVID-19, including obesity, cardiovascular disease, respiratory disease and diabetes. The AstraZeneca US Phase III trial of AZD1222 demonstrated statistically significant vaccine efficacy of 79% at preventing symptomatic COVID-19 and 100% efficacy at preventing severe disease and hospitalization. This interim safety and efficacy analysis was based on 32,449 participants accruing 141 symptomatic cases of COVID-19. The trial had a 2:1 randomisation of vaccine to placebo (Clinicaltrials '21). Some countries in the European Union have temporarily suspended use of the AstraZeneca COVID-19 vaccine as a precautionary measure based on reports of rare blood coagulation disorders in persons who had received the vaccine. Other countries in the EU – having considered the same information - have decided to continue using the vaccine in their immunization programmes. NovaVax has also released results showing 90% overall efficacy of its vaccine in a study in the U.K. In

a separate trial in South Africa, where the B.1.351 strain is circulating, the efficacy was 49%. The vaccine still prevented severe disease in South Africa, with no cases in the vaccine group and five in the placebo group. All five of those patients were hospitalized, and two died, the company said on March 11 (Herper '21).

IV. Essential Oils

16. Essential oils (EOs) have long been known to have anti-inflammatory, immunomodulatory, bronchodilatory, and antiviral properties and are being proposed to have activity against SARC-CoV-2 virus. Eucalyptus essential oil is obtained from the leaves of the Australian *Eucalyptus globulus* tree, the same leaves that serve as the main diet for koala bears. The oil is a complex mixture of 1,8-cineol (eucalyptol), limonene, α-pinene, γ-terpinene, and α-terpineol, compounds that do have antimicrobial properties. In the laboratory, the oil suppresses the multiplication of the herpes simplex virus and inhibits the activity of the H1N1 influenza virus after a ten-minute exposure (Asif et al '20). The antiviral activities of eucalyptus oil and its active constituent, i.e. 1,8-cineole (eucalyptol) against influenza A (H1N1) virus in in vitro assay were proven to inactivate free influenza A virus and disrupt the envelope structures of virus (Brochot et al '17). 1,8-cineole (eucalyptol) is one of the components of Vicks VapoRub™ which is known to have nasal decongestant effects when applied to nose or inhaled as vapours in warm water. A double-blind clinical trial to check the efficacy of 1,8-cineole in steroid-dependent bronchial asthma patients. Data of long-term studies showed 36% reduction of steroid dose in asthma patients receiving 1,8-cineole than placebo control group. 1,8-cineole was suggested to have profound bronchial anti-inflammatory activity in severe asthmatic patients (Juergens et al '03). A recent review highlighted the favorable safety and efficacy profile of eucalyptol (1,8-cinoele) in numerous multi-centre, double-blinded, and randomized clinical trials conducted in Germany in patients having acute and chronic respiratory conditions including rhinosinusitis, bronchitis, COPD, and asthma, respectively (Juergens et al '20). Distilled oil extracted from *Laurus nobilis* berries was an effective virucidal against SARS-CoV. The *L. nobilis* berries were sourced from a region in Lebanon, and the essential oil contained β-ocimene, 1,8-cineole, α-pinene, and β-pinene as the main constituents. This essential oil also contained eremanthin and dehydrocostus lactone as minor constituents at 3.65% and 7.57%, respectively (Liozzo et al '08).

17. The antiviral activity of eucalyptus oil and eucalyptol against respiratory viruses is well estasblished,(Sharma and Kaur '20a). The anti-proteinase efficacy of 1,8-cineole (eucalyptol), another active constituent of eucalyptus oil, using molecular docking techniques. Data obtained showed that 1,8-cineole can bind with Mpro and thus can inhibit viral reproduction. Mpro/eucalyptol complexes were shown to form hydrophobic interactions, hydrogen bond interactions, and strong ionic interactions, respectively (Sharma and Kaur '20b). Various in vitro and ex vivo studies were conducted to study the effects of eucalyptus oils and eucalyptol treatments on monocytes and macrophage recruitment in response to lung inflammation and infections. Data of these studies demonstrate marked immunomodulatory properties of both eucalyptus oil and its active ingredient, i.e. eucalyptol. Both treatments reduced the release of pro-inflammatory cytokines from monocytes and macrophages, but their phagocytic properties were not halted (Juergens et al 20; Sadlon and Lamson '10). Eucalyptol is also known to have mucolytic and bronchodilatory properties (Juergens et al '20). Interestingly, eucalyptus oil has also been shown to have disinfection properties and inhibited the growth of viruses on various utensils and filter devices (Usachev et al '13). Taken together, data from both preclinical and clinical trials point towards the promising therapeutic potential that resides in eucalyptus oil and its active constituent, i.e. eucalyptol in the prevention and treatment of COVID-19 (Asif et al '20).

18. Echinacea plants have traditionally been used in North America for the prevention and treatment of cold and flu symptoms and are now one of the most widely used medical plants in both North America and Europe (Signer et al '20). Evidence suggests that Echinacea supplementation may decrease the duration and severity of acute respiratory tract infections. Ten studies were conducted in the World Health Organization (WHO) region of the Americas, with five in the European region, one in the Western Pacific region and one in the South-East Asia region. All 17 studies were double-blind, placebo-controlled, randomized clinical trials. One study had additional arms using open-label Echinacea and no treatment and several studies had multiple arms comparing different Echinacea species, commercial formulas or doses. Eleven studies used intervention formulas containing *E. purpurea*, two used *E. angustifolia*, four used a combination of *E. purpurea* and *E. angustifolia,* and one used *E. pallidae* radix (Aucoin et al '20). HCoV-229E, MERS-CoV, SARS-CoV-1 and the causative agent of COVID-19, SARS-CoV-2 was inactivated upon treatment with 50μg/ml Echinaforce®. Echinaforce® is a standardized preparation extracted from freshly harvested *Echinacae purpurea* plants with a 65% alcoholic solution (Signer et al '20). A human trial in July of 2020 indicated that an herbal remedy containing echinacea was successful at treating and curing severe acute respiratory syndrome (SARS-CoV-2) contracted by a hunter in February of that year, at the beginning of the pandemic. Lavender essential oil was indicated to be 80% effective against human influenza H1N1. *Lavandula angustifolia* essential oil is rich in linalyl acetate (37.0–43.6%), linalool (19.7–39.1%), geraniol (up to 9.3%), β-caryophyllene (up to 5.1%), terpinen-4-ol (up to 14.9%), lavandulyl acetate (up to 5.5%), and borneol (up to 6.4%). There is evidence indicating that linalool, β-caryophyllene provide significant relief of symptoms of COVID-19 (da Silva et al '20).

19. Peppermint is known to cure allergic rhinitis from coronavirus (Sapeika '63). Menthol is an organic compound made synthetically or obtained from peppermint or mint oils with flavoring, local anesthetic properties, cooling characteristics and a residual minty smell of the oil remnants from which it was obtained. Plant extracts rich in menthol have been used in traditional medicine in Asia for the treatment of respiratory ailments since centuries. Menthol has been reported to provide symptomatic relief from nasal congestion associated with rhinitis and the sensation of dyspnoea associated with chronic obstructive pulmonary disease by its specific interaction with a cold-menthol-sensitive receptor (CMR1) located on trigeminal nerve endings (Eccles '03). Hall's mentholyptus that contains both menthol and eucalyptus essential oils is highly curative of both coronavirus and influenza. It is interesting to note that menthol cigarettes cure coronavirus and sterilize the local environment. Approximately one quarter of the cigarettes on the market contain menthol and small amounts of menthol are even included in non-mentholated cigarettes. Demand for menthol is high and it was previously estimated that the worldwide use of menthol was 30–32,000 metric tonnes per annum (Kamatou et al '13). China is the largest producer and consumer of tobacco in the world. There are more than 300 million smokers in China, nearly one-third of the world's total. More than half of adult men are current tobacco smokers. About one in every three cigarettes smoked in the world is smoked in China. The Chinese, who are frequently afflicted with SARS pandemics, and chain smoke cigarettes, are highly advised to smoke menthol cigarettes to cure coronavirus and sterilize the environment.

V. Human Trials

20. Human trials indicate that hydrocortisone, eucalyptus, lavender or peppermint products all pass the non-inferiority test with more expensive corticosteroids, such as dexamethasone, at curing coronavirus. Use of these medicines can all result in a coronavirus free society without the attenuating belligerence,

war crime and misinformation inherent in vaccines, that are not known to cure the nose, reasonable people use to determine the presence of COVID-19. Because of the Cushing's disease side-effect of corticosteroid drugs and the constant exposure to coronavirus from the ongoing COVID-19 pandemic eucalyptus, lavender or peppermint products are most recommended emergency response to the allergic rhinitis and other, more life-threatening, respiratory, fever and fatigue symptoms of moderate to severe COVID-19 caused by SARS-CoV-2. It has long been held, certain essential oils used in aromatherapy can treat and cure allergy and asthma symptoms where conventional medicine has failed – essential oils of lavender, peppermint and eucalyptus are particularly curative of allergic rhinitis (Sapeika '63). For Severe Acute Respiratory Syndrome (SARS), a coronavirus, the inpatient treatment with no fatalities was to ventilate the patient and medicate with the antibiotic levofloxacin (Levaquin), and corticosteroids methylprednisolone IV and then prednisone (Kit-Ying ’06) this translates to a dab of hydrocortisone creme to the nose and/or chest cures coronavirus and aspergillosis. Hydrocortisone is a low-dose, topical corticosteroid that is highly effective at treating allergies, asthma, aspergillosis, and coronavirus. Hydrocortisone creme can be purchased at the dollar store. When hydrocortisone crème is applied to the nose and/or chest the sinuses instantly improve and usually within an hour there is no nasal discomfort or chest congestion whatsoever. Unfortunately, due to the ongoing coronavirus pandemic, the Cushing's disease side-effects poses a significant problem. Therefore, to treat the coronavirus pandemic safely and effectively it is medically necessary to prescribe essential oil of eucalyptus, lavender or peppermint aromatherapy and medicines to the public.

21. Peppermint, lavender and eucalyptus aromatherapy and medicines pass the non-inferiority test with hydrocortisone and more expensive intravenous corticosteroids and highly effective at curing mild to severe coronavirus infections. Depending on the type and severity of the infection, some of the better preparations work instantly or may take an hour to clear the nostrils, with a little face washing. Menthol is made from peppermint. Menthol cough drops cure coronavirus. Menthol cigarettes cure coronavirus and clean the airspace. Peppermint candy canes cured the “snot nosed children” and reduced infections and casualties during the Christmas celebratin. A coronavirus infection is cured before finishing a half gallon of peppermint ice-cream, while it may take 15 minutes to an hour for a scoop to clear the nostrils. Lavender spray smells nice when washing hands and offices. Lavender has been put in vitamin water with curative effect. Lavender chamomile tea is as effective as Peppermint tea at curing coronavirus. Eucalyptus and lavender scented Epsom salt provides a highly curative bath.

22. Eucalyptus products seem to be the most effective. New Zealand declared itself virus free in June 2020 after a complete border closure and one strict lockdown period. It has since had a few cases. Australia also has extraordinarily low incidence of coronavirus (Baker et al '20). It is disappointing that these nations engage in restrictive measures and need to be more forthwith regarding the effectiveness of eucalyptus at curing coronavirus to liberate their nations and the rest of the world from irrational germaphobic lockdowns and travel quarantines. It is medically necessary to treat the patients not punish them with quarantines, and collectively punish the community with lockdowns and social distancing. The FDA has approved Lysol made from eucalyptus, for cleaning. Mentholyptus cough drops are highly effective at curing both coronavirus and influenza. Eucalyptus scented humidifiers from the 1950s must be tried to ensure a safe return to school. COVID-19 vaccines are not approved for children under the age of 16 and the highest priority must be given to ensure a coronavirus free release from intensive care unit (ICU) and return to school - eucalyptus essential oil scented humidifiers, also known as diffusors – must be strategically placed to provide groups of people with a hypoallergenic, non-contagious, healing indoor airspace, that is curative of both coronavirus and

influenza. Schools should establish intensive care units (ICUs) with essential oil of eucalyptus scented humidifiers for the treatment of students and workers who have coronavirus allergic rhinitis or influenza-like symptoms. The International Court of Justice is sought to try eucalyptus scented humidifiers to clear their nostrils and hold public hearings without masks or germaphobia.