



THE

# dr. ardis

SHOW



## How to Use Nicotine

Dr. Bryan Ardis D.C.

# How to Use Nicotine Patches

Preventative- Purchase 14mg size Nicotine Patches and cut into 6 equal pieces and wear one small size patch daily, on rib cage or upper arm.

(This is what Dr. Ardis does daily since November of 2022 to prevent all future virus/venoms or variant exposures).

Long-Hauler COVID Sufferers- Purchase and wear one 7 mg Nicotine Patch daily for 1 week minimum and then continue until symptoms abate.

(Then Dr. Ardis recommends following the Preventative protocol above.)

C19 Vaccine Injured- Follow Long-Hauler COVID protocol above.

# How to Use Nicotine Gum

Preventative- Purchase 2mg size Nicotine Gum and chew 1 gum tablet for at least 10 minutes, twice a day.

(This is what Dr. Ardis's wife Jayne does daily to prevent all future virus/venoms or variant exposures).

Long-Hauler COVID Sufferers- Purchase 2mg Nicotine Gum (do NOT buy 4mg nicotine gum), and chew one 2 mg gum tablet for 10 minutes, 4 times per day for 2 weeks or until symptoms resolve and then continue until symptoms abate.

(Then Dr. Ardis recommends following the Preventative protocol above.)

C19 Vaccine Injured- Follow Long-Hauler COVID protocol above.

## IMPORTANT NOTE:

EVERY CELL IN YOUR BODY HAS NICOTINE RECEPTORS INCLUDING THE GUT, A FEW PEOPLE, WHEN CHEWING AND SWALLOWING NICOTINE GUM GET NAUSEOUS AND VOMIT OR GET LOOSE STOOLS. THIS IS BECAUSE SO MUCH OF THE VENOM SPIKE PROTEINS ARE ATTACHED TO THE NICOTINE RECEPTORS THAT LINE YOUR ENTIRE BOWEL LINING, AND WHEN NICOTINE IS PRESENT THE MASSIVE AMOUNT OF VENOM IN THE BOWEL LINING GETS RELEASED AND YOU WILL FEEL LIKE YOU HAVE FOOD POISONING.

WHY BECAUSE VENOMS ARE POISON, AND GOD DESIGNED THE HUMAN BODY TO THROW UP POISON AND POOP OUT LOOSELY, ALL POISONS. IF THIS HAPPENS, PLEASE SWITCH TO NICOTINE PATCHES. THE NICOTINE SKIPS THE BOWELS AND GETS ABSORBED INTO YOUR BLOOD STREAM THROUGH YOUR SKIN IN LESS THAN 30 SECONDS. THIS IS WHY I DO PATCHES EVERY DAY. MOST PEOPLE HAVE NO REACTION TO THE GUM OR NICOTINE ORALLY BUT SOME DO, THAT GET MITIGATED BY USING A TOPICAL NICOTINE PATCH.

MANY PEOPLE CAN BENEFIT FROM BUYING ORGANIC TOBACCO LEAF ONLINE AND BOIL THE LEAVES AND DO A FOOT SOAK FOR 20-30 MINUTES SEVERAL TIMES A WEEK TO ABSORB NICOTINE THAT WAY.



Use Code "Ardis" At Check-Out for a Discount

## Anti - Smoke patches 7 / 14 / 21 mg

Anti-smoke herbal patches are designed to reduce nicotine cravings and withdrawal symptoms associated with quitting smoking. They typically contain natural ingredients that help alleviate these symptoms

Buy Now

<https://www.tolevita.com/anti-smoke-patch>

Use Code "Ardis" At Check-Out for a Discount



TOLEVITA  
Anti-Smoke Herbal Patches to Help Reduce Cravings, Circle Shape 3mg (Blue), 30 patches

\$12.99 USD

Shipping calculated at checkout.

Quantity

- 1 +

Add to cart

Buy with shop

More payment options

One-time purchase

<https://www.tolevita.com/anti-smoke-patch>

# Nicotine – Research & Education

Contrary to what has been published about Sars-Cov-2 and COVID, the real target of the venomous spike proteins of COVID is NOT ACE2 receptors. The venomous spike protein of Sars-Cov-2 and all variants of it and all other viruses in the world target nicotinic acetylcholine receptors, specifically alpha-7 nAChR receptors.

This is NOT new information, it was just buried and hidden intentionally since April 2020 when French Researchers identified that the spike proteins of Sars-Cov-2 are identical to two snake venom proteins that are neurotoxins called Cobra-toxin (King Cobras Venom Protein) and Bungarotoxin (Krait Snake Venom Neurotoxic Protein), both of which target nicotinic acetylcholine receptors in our central nervous system. Identifying that the venomous spike proteins target nicotine receptors, this finally explained to the scientists why smokers were less effected by COVID than any other demographic. They explain that the benefits of nicotine in the smokers bodies was protecting the nicotine receptors from allowing venom spike proteins from binding to the nAChR receptors. In the article they even beg all governments around the world to fund studies on using Nicotine agents to prevent COVID worldwide... no one listened shockingly. Amazingly in the paper they acknowledge why Ivermectin was so successful worldwide, and that is because Ivermectin binds to alpha-7 nAChR receptors also.

French Study **article link below**, with screen shot of the **Venomous Spike Protein** published in the paper. \* Note: Screenshot below, “Sars-Cov-2 S” is the Spike Protein

[https://comptes-rendus.academie-sciences.fr/biologies/item/CRBIOL\\_2020\\_343\\_1\\_33\\_0/#r7](https://comptes-rendus.academie-sciences.fr/biologies/item/CRBIOL_2020_343_1_33_0/#r7)

# Nicotine – Research & Education

	AA													
COBRA TOXIN		C	D	G	F	C	S	S	.	R	G	K	R	
RABV G (CVS)	189-	C	D	I	F	T	N	S	.	R	G	K	R	-199
RABV G (ERA)		C	D	I	F	T	N	S	.	R	G	K	R	
RABV G (Mod. ERA)		C	D	I	F	T	N	S	.	D	G	K	R	
BUNGAROTOXIN		C	D	A	F	C	S	S	.	R	G	K	V	
SARS-COV-2 S	674-	Y	Q	T	Q	T	N	S	P	R	R	A	R	-685

The neurotoxin motifs. Amino acid sequence alignment of the motifs found in toxins from snakes of the Ophiophagus (king cobra) and Bungarus (Krait Snake) genera, in G from three RABV strains and in S from SARS-CoV-2.

# Nicotine – Research & Education

The NIH funded and published a study in May 2023 confirming that the venomous spike proteins of Sars-Cov-2 target alpha-7 nAChR receptors (not ACE2 receptors) here is the title and the link:

**SARS-COV-2 spike ectodomain targets a7 nicotinic acetylcholine receptors**

[https://www.jbc.org/article/S0021-9258\(23\)01735-0/fulltext](https://www.jbc.org/article/S0021-9258(23)01735-0/fulltext)

# Nicotine – Research & Education

JBC

JOURNAL OF  
BIOLOGICAL  
CHEMISTRY

OPEN ACCESS

## SARS-CoV-2 spike ectodomain targets $\alpha 7$ nicotinic acetylcholine receptors

Brittany C.V. O'Brien • Lahra Weber • Karsten Hueffer • Maegan M. Weltzin  

Open Access • DOI: <https://doi.org/10.1016/j.jbc.2023.104707> •  Check for updates

Keywords

Results

Discussion

Experimental procedures

Data availability

Supporting information

Conflict of interest

Acknowledgments

Virus entry into animal cells is initiated by attachment to target macromolecules located on host cells. The severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) trimeric spike glycoprotein targets host angiotensin converting enzyme 2 to gain cellular access. The SARS-CoV-2 glycoprotein contains a neurotoxin-like region that has sequence similarities to the rabies virus and the HIV glycoproteins, as well as to snake neurotoxins, which interact with nicotinic acetylcholine receptor (nAChR) subtypes *via* this region. Using a peptide of the neurotoxin-like region of SARS-CoV-2 (SARS-CoV-2 glycoprotein peptide [SCoV2P]), we identified that this area moderately inhibits  $\alpha 3\beta 2$ ,  $\alpha 3\beta 4$ , and  $\alpha 4\beta 2$  subtypes, while potentiating and inhibiting  $\alpha 7$  nAChRs. These nAChR subtypes

# Nicotine – Research & Education

## *Isn't Nicotine Addictive*

Harvard conducted an animal study in 2015 to determine addictiveness of nicotine. To their surprise they couldn't get any animals to be addicted to strict nicotine in water. So researchers requested documents of tobacco companies and in the documents they learned that tobacco product manufacturers figured out in the 70's that no body would repurchase 'light cigarettes', so they had to figure out how to make the tobacco products addictive. Harvard learned in 2015 what the tobacco giants did to make tobacco products and NICOTINE addictive. They added a chemical called Pyrazines that is highly addictive and they have been doing it ever since. Nicotine is not the addictive substance in tobacco products, pyrazine chemicals make nicotine addictive. Pyrazines are just one of 600 approved chemicals that the FDA allows tobacco manufacturers to add to their products in the USA. Wonder what all the other ones are. Here is a link to the Harvard study and articles discussing their findings that NICOTINE is not addictive.

Harvard Study Title:

**A study of pyrazines in cigarettes and how additives might be used to enhance tobacco addiction**

<https://tobaccocontrol.bmj.com/content/25/4/444>

# Nicotine – Research & Education

## Isn't Nicotine Addictive

Research paper



**OPEN ACCESS**

### A study of pyrazines in cigarettes and how additives might be used to enhance tobacco addiction

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**ABSTRACT**

**Background** Nicotine is known as the drug that is responsible for the addicted behaviour of tobacco users, but it has poor reinforcing effects when administered alone. Tobacco product design features enhance abuse liability by (A) optimising the dynamic delivery of nicotine to central nervous system receptors, and affecting smokers' withdrawal symptoms, mood and

not sufficient to account for the intense addictive properties of tobacco smoking and the high relapse rates among smokers after quitting even when provided nicotine in forms other than tobacco.<sup>8-16</sup> Further evidence that tobacco dependence entails more than addiction to nicotine includes the drug's limited ability to induce self-administration in animals;<sup>17 18</sup> lack of positive mood effects of pure

## What this paper adds

- ▶ Nicotine is known as the drug that is responsible for the addicted behaviour of tobacco users, but it has been argued that non-nicotine factors are also essential to account for the intense addictive properties of tobacco smoking and high relapse rates among smokers after quitting.
- ▶ This study reveals how some tobacco manufacturers innovated with the use of pyrazines as additives. Pyrazines have been reported to have chemosensory and pharmacological properties and appear to be widely used now in cigarette brands.
- ▶ Pyrazines may help to optimise nicotine delivery and dosing, and promote addiction through cueing, learned behaviour and/or direct effects.

**Disclaimer** This research was conducted by the authors while at the Harvard School of Public Health. Dr Connolly is now Professor of Research at Northeastern University.

**Contributors** GNC had primary responsibility for the conception of the research. HRA, ITA and GNC contributed to the design of the research. HRA and ITA conducted the research and prepared drafts of the manuscript. GNC contributed to the editing of the manuscript drafts, and HRA prepared the final manuscript.

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# Nicotine – Research & Education *Isn't Nicotine Addictive*

Articles in the media covering this Harvard Study and Links:

## Nicotine Alone Does Not Lead To Addiction: Additives Found In Both Light Cigarettes And E-cigs Harmful

<https://www.medicaldaily.com/nicotine-alone-does-not-lead-addiction-additives-found-both-light-cigarettes-and-e-337470>

THE GRAPEVINE

# Nicotine Alone Does Not Lead To Addiction: Additives Found In Both Light Cigarettes And E-cigs Harmful

Jun 10, 2015 06:30 PM By



# Nicotine And Long-Haulers

In January 2023, a study was published by Marco Leitzke, which highlights 4 case studies of long-hauler COVID patients and their miraculous recovery in just 6 days, of using 7mg Nicotine Patches topically!

Link to Study:

<https://bioelecmed.biomedcentral.com/articles/10.1186/s42234-023-00104-7>

Conclusion of study, I quote: *“Treating several individuals suffering from post-COVID-19 syndrome with a nicotine patch application, we witnessed improvements ranging from immediate and substantial to complete remission in a matter of days.”*



Hypothesis | [Open Access](#) | [Published: 18 January 2023](#)

## Is the post-COVID-19 syndrome a severe impairment of acetylcholine-orchestrated neuromodulation that responds to nicotine administration?

[Marco Leitzke](#)

[Bioelectronic Medicine](#) **9**, Article number: 2 (2023) | [Cite this article](#)

**47k** Accesses | **1** Citations | **359** Altmetric | [Metrics](#)

## Conclusions

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Post-COVID-19 syndrome is well explained in its pathogenesis and clinical manifestation, with cholinergic neuromodulation disorder due to partial or complete blockage of nicotinic acetylcholine receptors by the SARS-CoV-2 virus playing a potentially important role. In all four of the cases we studied, transcutaneous use of nicotine led to a near immediate improvement in symptoms and rapid restitutio ad integrum. The course of symptom improvement was as distinct as the clinical presentation of post-COVID-19 syndrome in each patient. The ease of implementation and the good controllability of the minor side effects make randomized, double-blinded studies to investigate this treatment option more closely seem feasible. Based on the results of this case study, this treatment option—using nicotine patches to combat long-haul COVID—seems far superior to the time-consuming, often underwhelming or disappointing, costly and complex rehabilitation measures currently available to these patients.

# Nicotine – Research & Education

## Articles referencing food that contain Nicotine

<https://testcountry.com/blogs/nicotine/6-common-food-with-nicotine-content>

<https://www.haypp.com/uk/nicopedia/6-foods-you-may-not-have-realised-contain-nicotine/>

## Article of how eating foods with Nicotine Help to Combat Parkinson's

<https://www.medicalnewstoday.com/articles/260354>

VEGETABLE	HIGHEST REPORTED MEAN NICOTINE CONTENT	REFERENCE	AMOUNT OF VEGETABLE REQUIRED TO OBTAIN 1 µg OF NICOTINE*
	ng/g		g
Cauliflower	16.8	Davis et al. <sup>4</sup>	59.5
Cauliflower	3.8	Present study	263.4
Eggplant	100.0	Castro and Monji <sup>2</sup>	10.0
Potato peel	4.8	Davis et al. <sup>4</sup>	208.0
Potato pulp	15.3	Davis et al. <sup>4</sup>	65.4
Potatoes	7.1	Present study	140.4
Green tomatoes	42.8	Castro and Monji <sup>2</sup>	23.4
Pureed tomatoes	52.0	Castro and Monji <sup>2</sup>	19.2
Ripe tomatoes	4.3	Castro and Monji <sup>2</sup>	233.0
Ripe tomatoes	4.1	Present study	244.0
Tomatoes	10.7	Sheen <sup>3</sup>	93.5

\*One microgram of nicotine is the amount a passive smoker would absorb in about three hours in a room with a minimal amount of tobacco smoke.