

April 27, 2023

Re: Allegations of unprofessional conduct against Dr. Shankara Chetty

Dear Members of the Health Professional Council of South Africa,

We are writing to express our strongest support and admiration for Dr. Shankara Chetty.

We were very shocked to learn that Dr. Shankara Chetty has been charged by the Health Professional Council of South Africa for unprofessional conduct. We find it particularly surprising and disturbing that HPCSA has taken such an action against one of the most knowledgeable, insightful, and internationally renowned experts in the treatment of COVID-19 from South Africa. We are writing to state that:

1. Dr. Chetty's conduct and statements are in accordance with the norms and standards of the medical profession.
2. The charges that have been alleged against him should be dropped.

The foremost experts in the treatment of COVID-19 are all the medical doctors that have independently discovered successful treatment protocols against COVID-19 and used them themselves to treat COVID-19 patients. Dr. Chetty is one of these experts along with, but not limited to, Dr. Didier Raoult¹, the late Dr. Vladimir Zelenko², Dr. Paul Marik³, Dr. Peter McCullough⁴, Dr. George Fareed⁵, Dr. Jackie Stone⁶, and many other doctors from all around the world. Early protocols used by Raoult¹ and Zelenko² were aimed at slowing the proliferation of the SARS-CoV-2 virus in order to stop the progression of the disease. In the United States, these protocols evolved into the McCullough early outpatient treatment protocol⁴, which used repurposed medications to target both the viral proliferation phase of the SARS-CoV-2 virus and the subsequent hyperinflammatory and thrombosis stage of the illness.

¹ M. Million, J-C. Lagier, H. Tissot-DuPont, I. Ravaux, C. Dhiver, C. Tomei, N Cassir, L. DeLorme, S. Cortaredona, S. Gentile, E. Jouve, A. Giraud-Gatineau, H. Chaudet, L. Camoin-Jau, P. Colson, P. Gautret, P-E. Fournier, B. Maille, J-C. Deharo, P. Habert, J-Y. Gaubert, A. Jacquier, S. Honore, K. Guillon-Lorvellec, Y. Obadia, P. Parola, P. Brouqui, D. Raoult, IHU COVID-19 Task Force. "Early Treatment with Hydroxychloroquine and Azithromycin in 10,429 COVID-19 Outpatients: A Monocentric Retrospective Cohort Study", *Reviews in Cardiovascular Medicine* **22** (2021), 1063-1072

² R. Derwand, M. Scholz, V. Zelenko. "COVID-19 outpatients - early risk-stratified treatment with zinc plus low dose hydroxychloroquine and azithromycin: a retrospective case series study", *International Journal of Antimicrobial Agents* **56** (2020), 106214

³ P.E. Marik, P. Kory, J. Varon, J. Iglesias, and G.U. Meduri, "MATH+ protocol for the treatment of SARS-CoV-2 infection: the scientific rationale", *Expert Review of Anti-infective Therapy* **19** (2) (2021), 129-135.

⁴ P.A. McCullough, P.E. Alexander, R. Armstrong, C. Arvinte, A.F. Bain, R.P. Bartlett, R.L. Berkowitz, A.C. Berry, T.J. Borody, J.H. Brewer, A.M. Brufsky, T. Clarke, R. Derwand, A. Eck, J. Eck, R.A. Eisner, G.C. Fareed, A. Farella, S.N.S. Fonseca, C.E. Geyer, Jr., R.S. Gonnering, K.E. Graves, K.B.V. Gross, S. Hazan, K.S. Held, H. Thomas Hight, S. Immanuel, M.M. Jacobs, J.A. Ladapo, L.H. Lee, J. Littell, I. Lozano, H.S. Mangat, B. Marble, J.E. McKinnon, L.D. Merritt, J.M. Orient, R. Oskoui, D.C. Pompan, B.C. Procter, C. Prodromos, J.C. Rajter, J-J. Rajter, C. V.S. Ram, S.S. Rios, H.A. Risch, M.J.A. Robb, M. Rutherford, M. Scholz, M.M. Singleton, J.A. Tumlin, B.M. Tyson, R.G. Urso, K. Victory, E.L. Vliet, C.M. Wax, A.G. Wolkoff, V. Wooll, V. Zelenko. "Multifaceted highly targeted sequential multidrug treatment of early ambulatory high-risk SARS-CoV-2 infection (COVID-19)", *Reviews in Cardiovascular Medicine* **21** (4) (2020), 517-530

⁵ B. Tyson, G. Fareed, "Overcoming the COVID Darkness. How Two Doctors Successfully Treated 7000 Patients"; Amazon: Seattle, WA, USA, 2021. ISBN: 979-8-9855583-0-2.

⁶ J.C. Stone, P. Ndarukwa, D.E. Scheim, BM Dancis, J. Dancis, M.G.Gill, C. Aldous, "Changes in SpO2 on Room Air for 34 Severe COVID-19 Patients after Ivermectin-Based Combination Treatment: 62% Normalization within 24 Hours", *Biologics* **2**(3) (2022), 196-210.

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Dr. Shankara Chetty has earned international respect and admiration for two reasons: He was the first to recognize that more aggressive early treatment of the hyperinflammatory and thrombosis stages of COVID-19, combined with patient education about the biphasic behavior of COVID-19, could effectively prevent hospitalizations and deaths from COVID-19 for all patients, including high risk patients⁷. Secondly, it has been reported⁸ that he has now successfully treated more than 14,000 patients with 0 hospitalizations and 0 deaths. If so, he has outperformed the treatment protocols used during 2020 by Raoult¹, Zelenko², and McCullough⁹.

The cumulative Case Fatality Rate (CFR) in South Africa has converged to 2.5% during 2023, from higher levels in previous years¹⁰. An analysis^{11,12} of Dr. Chetty's reported⁸ case series of 14,000 patients with 0 deaths and 0 hospitalizations, using the recently published statistical methodology by Gkioulekas et al¹³, would suggest that if Dr. Chetty's approach had been implemented throughout South Africa, the resulting case fatality rate would have been less than 0.17%. Given a more detailed study of Dr. Chetty's data, confirming that the demographics of his patients are consistent with that of the South African population, we would be able to assert this estimate with 99.9% confidence, and there would be no grounds to allege that Dr. Chetty's treatment is not supported by the tenets of evidence-based medicine.

Indeed, the importance of incorporating real world evidence in evidence-based medicine, and more broadly the challenge of overcoming the limitations of all available sources of evidence, has been highlighted recently by Frieden¹⁴, who served as director of the United States Centers for Disease Control and prevention (CDC) during the Obama Administration.

Furthermore, article 37 of the 2013 Helsinki declaration¹⁵, which is widely recognized as the gold standard for the ethics of medical experimentation, states that: *"In the treatment of an individual patient, where proven interventions do not exist or other known interventions have been ineffective, the physician, after seeking expert advice, with informed consent from the patient or a legally authorized representative, may use an unproven intervention if in the physician's judgement it offers hope of saving life, re-establishing health or alleviating suffering. This intervention should subsequently be made the object of research, designed to evaluate its safety and efficacy. In all cases, new information must be recorded and, where appropriate, made publicly available."*

⁷ S. Chetty, "Elucidating the pathogenesis and Rx of COVID reveals a missing element", *Modern Medicine* **45** (5) (2020), 28-31

⁸ <https://www.biznews.com/health/2023/04/11/covid-injections-jay-naidoo>

⁹ B.C. Procter, C. Ross, V. Pickard, E. Smith, C. Hanson, P.A. McCullough. "Clinical outcomes after early ambulatory multidrug therapy for high-risk SARS-CoV-2 (COVID-19) infection", *Reviews in Cardiovascular Medicine* **21** (4) (2020), 611-614

B.C. Procter, C. Ross, V. Pickard, E. Smith, C. Hanson, P.A. McCullough, "Early Ambulatory Multidrug Therapy Reduces Hospitalization and Death in High-Risk Patients with SARS-CoV-2 (COVID-19)", *International Journal of Innovative Research in Medical Science* **6** (2021), 219-221

¹⁰ <https://ourworldindata.org/coronavirus/country/south-africa>

¹¹ <https://drelef.org/2023-support-letter-shankara-chetty/analysis.txt>

¹² <https://rumble.com/v2oayjw-drop-the-charges-against-dr.-shankara-chetty.html>

¹³ E. Gkioulekas, P.A. McCullough, V. Zelenko: "Statistical analysis methods applied to early outpatient COVID-19 treatment case series data", *COVID* **2**(8) (2022), 1139-1182

¹⁴ T.R. Frieden. "Evidence for Health Decision Making - Beyond Randomized, Controlled Trials". *New England Journal of Medicine* **377** (2017), 465-475

¹⁵ World Medical Association. "World Medical Association Declaration of Helsinki: Ethical Principles for Medical Research Involving Human Subjects", *JAMA* **310** (20) (2013), 2191-2194.

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Dr. Chetty's successful early treatment protocol was inspired from his hypothesis, informed through careful reading of the research literature on COVID-19 and careful observation of the symptomatic presentation of the patients under his care, that the biological mechanism of COVID-19 responsible for hospitalizations was a hypersensitivity pneumonitis provoked by some protein component of the virus, which in many interviews he often described, in more accessible language for the general public, as "an allergic reaction". Dr. Chetty thus formulated an aggressive anti-inflammatory treatment protocol based on this hypothesis, and published his initial empirical results⁷ on September 2020, indicating a successful case series with 200 patients treated at that time with 0 hospitalizations and 0 deaths.

In the United States, a similar but different hypothesis was independently published on September 2020¹⁶ that COVID-19 pneumonia is an organizing pneumonia as opposed to a viral pneumonia, suggesting that more aggressive anti-inflammatory treatment was needed than what was being considered at the time by the RECOVERY clinical trial for dexamethasone. Although the precise details of the inflammatory process pathway by which COVID-19 pneumonia damages the lungs is not yet entirely understood, both hypotheses point towards intensified anti-inflammatory treatment, which has been supported by the available empirical evidence, including the real-world evidence accumulated by Dr Chetty himself. Dr. Chetty's idea⁷ to use montelukast, in combination with antihistamines and several other medications, is very innovative and has attracted research interest¹⁷.

Dr. Chetty has since identified the SARS-CoV-2 spike protein as the component of the virus responsible for the pulmonary hyperinflammatory response. Recent research has reinforced Dr. Chetty's understanding, having shown that the spike protein is harmful to the human body in many ways. It is now known that the spike protein damages the vascular endothelial cells by downregulating ACE2¹⁸, and also by triggering immune dysregulation causing both macrovascular and diffuse microvascular thrombosis, which in turn can lead to myocardial injury and damage to other organs¹⁹ in the most severe cases.

Dr. Chetty has acted ethically, and within the parameters of article 37¹⁵, when he first attempted to treat his patients, during the beginning of the COVID-19 pandemic, and when publishing his results in the research literature⁷ and communicating with colleagues via oral presentations of his results. Statistical study of his reported⁸ 14000 patient case series, would further strengthen the evidence in support of his so called "8th day protocol" and would offer physicians throughout the world a further option to prevent the deterioration of Covid patients which can lead to death.

¹⁶ P. Kory and J.P. Kanne. "SARS-CoV-2 organising pneumonia: 'Has there been a widespread failure to identify and treat this prevalent condition in COVID-19?'" *BMJ Open Respiratory Research* 7 (2020), e000724.

¹⁷ A.R. Khan, C. Misdary, N. Yegya-Raman, S. Kim, N. Narayanan, S. Siddiqui, P. Salgame, J. Radbel, F. De Groote, C. Michel, J. Mehnert, C. Hernandez, T. Braciale, J. Malhotra, M.A. Gentile, and S.K. Jabbour.

"Montelukast in hospitalized patients diagnosed with COVID-19", *Journal of Asthma* **59** (4) (2022), 780-786

¹⁸ Y. Lei, J. Zhang, C.R. Schiavon, M. He, L. Chen, H. Shen, Y. Zhang, Q. Yin, Y. Cho, L. Andrade, G.S. Shadel, M. Hepokoski, T. Lei, H. Wang, J. Zhang, J.X.-J. Yuan, A. Malhotra, U. Manor, S. Wang, Z.-Y. Yuan and J.Y.-J. Shyy, "SARS-CoV-2 Spike Protein Impairs Endothelial Function via Downregulation of ACE 2", *Circulation Research* **128** (2021), 1323-1326

¹⁹ H.K. Siddiqi, P. Libby, P.M. Ridker. "COVID-19 - A vascular disease", *Trends Cardiovasc Med.* **31** (1) (2021), 1-5.

E. Gavriilaki, P. Anyfanti, M. Gavriilaki, A. Lazaridis, S. Douma, E. Gkaliagkousi. "Endothelial Dysfunction in COVID-19: Lessons Learned from Coronaviruses", *Curr Hypertens Rep.* **22** (9) (2020), 63.

C. Boschi, D.E. Scheim, A. Bancod, M. Militello, M.L. Bideau, P. Colson, J. Fantini, B. La Scola (2022), "SARS-CoV-2 Spike Protein Induces Hemagglutination: Implications for COVID-19 Morbidities and Therapeutics and for Vaccine Adverse Effects", *International Journal of Molecular Sciences* **23** (24), 15480.

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Finally, validation of Chetty's treatment protocols would require reconsideration of the balance of risks and benefits of the available COVID-19 inoculations. If Dr. Chetty's protocol could have reduced the South Africa CFR down to less than 0.17%, then any additional benefit conferred by more inoculations could only hope to move the needle downward by no more than 0.17%. Concerns about the safety of COVID-19 vaccines are being openly discussed in the research literature²⁰. Concerns have also been raised about the safety of the mRNA platform itself²¹.

In response to the specific allegations in the letter that you have sent to Dr. Chetty, we observe that:

1. Dr. Chetty's conduct is consistent with both the 2013 Helsinki declaration¹⁵ and with Rule 19b. A comparison of Dr. Chetty's initial published case series of 200 patients with 0 deaths and 0 hospitalizations⁷, compared against the 2.5% CFR in South Africa, using the methodology by Gkioulekas et al¹³, shows that mortality rate reduction has been established with 95% confidence intervals by the preponderance of evidence. This means that at that moment in time, when he had finished treating his first 200 patients, the weight of the evidence was in favor of continuing to treat patients with his protocol.
2. Dr. Chetty has acted in the best interest of his patients, in accordance with Rule 27a, by discovering an effective treatment protocol that successfully saved lives and prevented hospitalizations from COVID-19, by publishing⁷ his results, and by using his treatment protocol to save many precious lives from COVID-19.
3. The dissemination of his results in public platforms is consistent with what is required from medical doctors in this situation by article 37 of the 2013 Helsinki declaration¹⁵.
4. Furthermore, all statements that Dr. Chetty has made in connection with the treatment and the prevention of severe illness in patients with this disease are in line with the published research literature that has also been cited in this letter.

Charging Dr. Shankara Chetty with allegations of professional misconduct defies all logic, considering that he was willing to put himself in harm's way to treat his COVID-19 patients, as early as March 2020, and in doing so, through his keen observations and insight, he was able to discover an effective treatment protocol that could have made tremendous and quantifiable impact, if it had been implemented in South Africa on a nationwide basis. Dr. Chetty is currently collaborating with international scientists on a series

²⁰ J. Rose, "Critical appraisal of VAERS Pharmacovigilance: Is the U.S. Vaccine Adverse Events Reporting System (VAERS) a functioning pharmacovigilance system?", *Science, Public Health Policy, and the Law* **3** (2021), 100-129

J. Rose, "A report on the US Vaccine Adverse Events Reporting System (VAERS) of the COVID-19 messenger ribonucleic acid (mRNA) biologicals", *Science, Public Health Policy, and the Law* **2** (2021), 59-80.

Stephanie Seneff and Greg Nigh, "Worse Than the Disease? Reviewing Some Possible Unintended Consequences of the mRNA Vaccines Against COVID-19", *International Journal of Vaccine Theory, Practice, and Research* **2** (1) (2021), 402-443

S. Seneff, G. Nigh, A.M. Kyriakopoulos, P.A. McCullough. "Innate Immune Suppression by SARS-CoV-2 mRNA Vaccinations: The role of G-quadruplexes, exosomes and microRNAs". *Food and Chemical Toxicology* **164** (2022), 113008

A.M. Kyriakopoulos, G. Nigh, P.A. McCullough, & S. Seneff. Mitogen Activated Protein Kinase (MAPK) Activation, p53, and Autophagy Inhibition Characterize the Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) Spike Protein Induced Neurotoxicity. *Cureus* **14** (12) (2022), e32361.

S. Seneff, A.M. Kyriakopoulos, G. Nigh, P.A. McCullough. "A Potential Role of the Spike Protein in Neurodegenerative Diseases: A Narrative Review", *Cureus* **15** (2) (2023), e34872.

J.A. Thorp, C. Rogers, M.P. Deskevich, S. Tankersley, A. Benavides, M.D. Redshaw, P.A. McCullough, "COVID-19 Vaccines: The Impact on Pregnancy Outcomes and Menstrual Function", *Journal of the American Physicians and Surgeons* **28** (1) (2023), 28-34

²¹ M.T.J. Halma, J. Rose, T. Lawrie. The Novelty of mRNA Viral Vaccines and Potential Harms: A Scoping Review. *J -- Multidisciplinary Scientific Journal* **6** (2023), 220-235.

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of research publications on his "8th day protocol", which will focus on the specifics of the treatment protocol and on quantifying its effectiveness. For HPCSA to retain credibility, their charges should be dismissed, allowing him to remain focused on this very important work.

We reiterate that an independent analysis of the reported¹¹ case series of 14,000 COVID-19 patients with no deaths and no hospitalizations, over the entire course of the pandemic, compared against the overall CFR of South Africa shows that it is clear and convincing with at least 99.9% confidence that Dr. Chetty's protocol is effective in preventing hospitalizations and deaths. Furthermore, the same conclusion could be reached with at least 95% confidence, if the reported case series had been as small as 2000 COVID-19 patients, with no deaths and hospitalizations, and possibly even smaller.

If HPCSA intends to pursue their allegations against Dr. Chetty, then we must insist on an international review focusing on the procedural aspects of the investigation, and we will provide international experts to assist with such a review. Furthermore, HPCSA would have to justify the reasons for deciding to accuse Dr. Chetty with professional misconduct, in light of his exemplary dedication to his patients and his profession.

This letter is endorsed by multiple signatories who are deeply concerned about the procedures and process of the actions taken against Dr. Chetty. We ask HPCSA to heed our concerns. Dr. Chetty's efforts to save the lives of his patients and to publicize the details of his treatment protocol via presentations and in the peer reviewed literature have benefited not only the people of South Africa but Humanity as a whole. We are all standing united in our efforts to defeat this pandemic and apply the lessons learned for similar future events.

Please direct any correspondence concerning this letter to:

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I fully endorse this support letter in defence
of Dr Shankara Chetty. He has been a
bastion in the fight for early treatment of
Covid-19 disease. His success bears
testimony to his commitment to his
Hippocratic Oath. "To do no harm", and to
provide his best service to his patients.

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Many of our patients' lives were saved
because Dr. Chetty took time to mentor us in
the 8 day protocol.

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I have followed Dr Chetty's work since his first public interviews early in the pandemic. He is a hero, in my opinion, demonstrating the best of traditional medicine: a primary care physician, practicing in a poor, rural area of South Africa, who has a deep knowledge of basic and clinical medical science. He applied that knowledge with clinical observation using his detailed history taking of each patient as they presented in his clinic to devise a

pathogenetic theory and clinical treatment using no high tech diagnostic or monitoring tools or expensive medications to achieve results that are hard to beat.

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I support the actions Dr. Shankara Chetty concerning the care of his patients as rational and correct.

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Jennifer Jones, BS MEd JD
Attorney, Intellectual Property
Camas, WA

Debra Winkeljohn RN, MSN, AOCN, CNS
Cancer Center
Clinical Nurse Specialist, Oncology
Albuquerque, New Mexico

Julie Goldring
Bachelor of Naturopathic Medicine
Master of Arts in Counselling and Spirituality
Registered Psychotherapist
Ottawa, Ontario, Canada

Debra Celec, DO

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Otolaryngology (retired)
Bellville, Ohio

Stuart Birch, MBA, B. Com Computer
Science
CEO of Iris Network Systems
Cape Town, South Africa

Gerilyn E. Cross, M.D., F.A.C.O.G.
Obstetrician/ Gynecologist
Hormone Therapy of Citrus County
Crystal River, FL

Jenny Chandra, MD
Physician
Kansas City, USA

Matthias Gauger, Dr. med.
General practitioner
Muotathal, Switzerland

I would like to sign the letter to support Dr.
Shankara Chetty who is very much admired
by me, a swiss physician. Thank you very
much and best regards and greetings to Dr.
Chetty.

David K. Pantalone
Ph. D. Electrical Engineering, Iowa State
University
Retired Utility Engineer
Rochester, New York

Joseph S. Chirillo, M.D.
Englewood, FL

Oleg Reznik, MD
Board Certified Family Physician
Bar, Harbor, ME
USA

Marianne Kranenkamp, BC
Social Worker in Mental Health
Doetinchem
The Netherlands

Susan Natsheh, MD
Retired Pediatrician
Owen Sound, ON, Canada

Timothy B. Stonesifer, DO
Family Physician
Chambersburg, PA 17202

Rachel Maldonado, MSW, LSW
Therapist & Life Coach
Chicago, IL 60612

John Drummond, J.D.
Lawyer
Nashville, TN

Susan Vosloo, MB ChB FCS(SA) M
Med(UCT)
Cardio-Thoracic Surgeon
Cape Town, South Africa

Dr Otto Thaning, MB.BCh. Witwatersrand.
FCS.
Cardiothoracic Surgeon
CBMH in private practice,
Cape Town, RSA.

Dr Charles Hoffe, BSc, MB BCh, LMCC
General Practice and Emergency Medicine,
British Columbia, Canada.

Dinesh Surendra Patel
MBChB , Diploma in Occupational Health
Medical Doctor
Ballito, South Africa

Belinda Smith.
University Diploma in Nursing, and
Midwifery;
Diploma in Intensive Care Nursing.
Retired.
Pretoria, South Africa.

Brenda Hunter

.....

BSc HDE AISTD Dipl (Cecchetti Faculty)
Teacher of Mathematics and Ballet
Semi-retired
Howick, KwaZulu-Natal, South Africa

Dr.(H) Lim Guat Poh
BHMS(Lon), DHMS(Mal), Adv.Dipl. Bio-
Resonance
Germany

Shirley Ruth Mackellar
BSc,(WITS) Bsc Honours, UKZN, BSc
Masters UKZN
MICROSCOPIST, UKZN (retired)
Howick, KZN, South Africa

Robert Mackellar MSc Agric.
Consultant South Africa.

I agree with the content of the letter of
petition and am concerned that the action
taken seems groundless as there is no report
or published evidence that Dr Chetty has
harmed a single patient when the opposite
appears true. The grounds stated appear to
be frivolous and vexatious.

Douglas G. Brooks, M.D.
Brooks Family Care
Olathe, KS 66062

Nawarut Sunyavivat, BSN, MS (Food
science and technology)
staff RN in Health care and insurance
industry
Pittsburgh, PA

Dr Tony Arnott (MD)
Family physician (Locums)
United States

Jill Zammit RN
United States

It's time for you to recognize the amazing
work Dr. Chetty has done to save lives.
Please open your mind and look at all of the
data. Do the right thing. This man is a hero.

Ng Wang Feng, MMT
Board Certified music therapist, MT-BC
Singapore

David Pablo Blanco
Médico de Familia
Murcia, Spain

George Isajiw, M.D., K.M
GI Medical Associates
Internal Medicine
Private Practice
Lansdowne, PA

Daria Schooler, R.Ph., M.D.
Solo Practice Neurosurgeon
(retired)/Licensed Physician/Licensed
Pharmacist
CEO, CSNS, PC
BEMER Independent Business Distributor
Columbus, Indiana, USA

Raphael Tito Balbino, MD
Family and Geriatric Medicine
Mandarin Wellness Center
Jacksonville, Florida

Teresa Petros, MD
Urgent Care Physician
American College of Pediatricians
Society for Pediatric Urgent Care
Cumming, Georgia USA

Sergey Novoshinov, MD, FRCPC,
Anesthesiologist
Mackenzie Health, Richmond Hill,
Ontario, Canada

Natalia Prego Cancelo
Family Doctor

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Founder of "Médicos Por la Verdad"
(Doctors for Truth)
Spain

I fully and unconditionally support the
Shankara's Medical Doctor treatments and
protocols and his optimal application of
medical ethics and Deontology.

Alison Petten RN BScN
Educator / Health Consultant
Halifax, NS, Canada

Sonya Naryshkin, M.D., FIAC, FCAP
Pathologist consultant
Wisconsin, USA

Grahame Booker PhD,
Independent researcher
Author of recently published "Coercion,
Authority and Democracy: Towards an
apolitical order", Palgrave
Macmillan/Springer, November 2022.
Stratford, Ontario, Canada

I have listened to many talks by Dr Chetty
and consider him to be an outstanding
clinical leader- it is not surprising that the
globalist/military/pharma mafia would want
to silence him.

Tan Aik Chuan
PhD.(USA), MS, DVM(Taiwan),
BHMS(Lon), DHMS(Mal), Adv.Dipl. Bio-
Resonance(Germany)
Director of Rayonex Bioresonance & ,
Homeopathy Medical Centre
Director of Rayonex Biomedical Sdn Bhd

John Adsett, P.Eng., B.Sc., M.Sc.E., Ph.D.,
retired Professor of Engineering,
former Nova Scotia Agricultural College
now part of Dalhousie University
Alberta, Canada

Audrey Copeland, RN
Canada

Greig Russell, BVSc
Retired Veterinarian,
Cape Town
South Africa

Science is about the contestation of ideas
and welcomes heterodoxy of thought. It is
not a dogmatic declaration. As a true
scientist, Dr Chetty has played his part more
than adequately, and the results of his
treatments are outstanding. The Covid 19
vaccines are neither effective nor are they
safe. Any medical professional believing
anything else at this point has an intellect
falling below that which they should
possess. Occam's razor suggests to me that
those of the health profession still promoting
Covid 19 vaccine must be receiving some
form of backhand payment. The love of
money is truly the root of all evil.

Zoya Diachenko, RN
operating room nurse
Canada, ON

Ksenia Tsvetkova, nurse
Murmansk, Russia

Nicola Page
Naturopath
New Zealand

In NZ the pandemic hit late 2021. I followed
all the Dr Chetty videos from early 2021 and
his investigative know how and resulting
knowledge of the Covid disease variants and
treatment was exemplary. Throughout the
world he provided not only the information
people needed but also a wonderful sense of
calm. He is an exceptional person,
professional in all ways and all South
Africans are very lucky to have him.

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Gordey, Debra, BSN
Retired Public Health Nurse
Lac La Biche, Alberta, Canada

I have been following Dr Chetty since the very beginning and too me he is a hero, exemplifying what a physician/Healer needs to be. This is a 21st Century witch hunt that he has fallen prey too along with many other fine physicians. It is unfathomable to me what is happening to medicine, I became aware, about 20 years ago, of how insidiously big pharma operates and how captured our systems are. It is absolutely insane too me that he is being persecuted for saving lives using "safe" medications, knowledge and clinical. Too me he deserves, along with many courageous experts, to be honored and not charged! I am grateful for the opportunity to sign a letter in his support or if not allowed, the opportunity to state my deep gratuity to him. May truth bring light to this dark time.

Peace and love

Tapas Pain, M.Sc., LLB.
Lawyer, Registered Patent and Trademark Agent
Vaughan, Ontario

Roberto S Zeballos MD, PhD in
Immunology
General Physician
Sao Paulo, Brazil

Paul Medhurst, PhD, NPP
Retired U.N. Officer, Prof., Police, Army.
Penzance, U.K.

Carol Taccetta, MD, FCAP
pharma/biotech physician
Cedar City, Utah

Billy B Davis , DVM
Veterinarian Semi-retired
Fort Worth, TEXAS

Denise Sibley, MD
Physician , Internal Medicine
Johnson City TN, USA

Alan Frederick Bain, D.O.
Chicago Health and Wellness Alliance
Chicago, IL
Internal Medicine

Melanie Gisler DO
Family Medicine
Colorado

LK Greer, JD
Attorney
Dallas, Texas

Kimberly Deitrick, RN
Jefferson, georgia

Margaret Wright, BSN
Retired
British Columbia, Canada

Carole Beveridge, MSc Integrated
Healthcare, BScPhm
Picton, Ontario, Canada

Miguel Antonatos, MD
Internal medicine
Chicago, Illinois

Dr Guy Campbell, MBBS, AMA, RACGP
General Practitioner
Bayswater, Victoria, Australia

Linda Krishna M.D.
Retired family physician
Texas, USA

Simona Koren, B.pharm

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Pharmacist
Israel

Dr Selva Kumar S., MD
General Practitioner in private practice.
Malaysia.

Mohan Nallusamy
MB,BS(Malaya), FRCS(Edinburgh)
Paediatric Surgeon
Malaysia

Dr. Satvinder Singh Khelae
MBBS(MAN), M.MED.Anaesthesia (U.M.
Malaysia). AARAM(US). FAGE(MAN).
Functional Integrative Medicine Specialist
Kuala Lumpur, Malaysia

Dr Balwant Singh
MBBS Srinagar
Addiction Medicine
Kuala Lumpur, Malaysia

Dr Ranjit Kaur A/P Bhajan Singh
MBBS, Masters in Anaesthesia
Trauma and Emergency anaesthetist
Full train ICU clinical Specialist.
Retirement from PPUM Dec 2019
During Covid Era services at Putrajaya
General Hospital and ICU and Sg Buloh
cover.
Then st Klang Hospital for 2 months
Then ICU - A&E services for Covid ICU
and GICU at Thomson(Tropicana hospital)

Dr Denesh Sinna M.D
Medical Degree from Kursk State Medical
University.
Kuala Lumpur, MALAYSIA

Varsha Manik, BDS
Vitamin C Researcher
Orthomolecular Medicine / Nutritional &
Integrative Therapies
Pune & Pondicherry, INDIA

Xavier Azalbert
Econometrician (economist & statistician)
MsC
Scientific journalist
Paris, France

Kristen Hallas, BS
Graduate Research Assistant (Mathematics /
Engineering)
University of Texas Rio Grande Valley
Edinburg, Texas, USA

Dayamitra (Donna) Blenman
DIP Yoga education and natural health TT2
level
Retired yoga teacher. Carer's Pension.
Budgewoi NSW, Australia

Don Ferrier
Ferrier Custom Homes, LP & Ferrier
Builders, Inc
Fort Worth, TX

Diane Nordstrom
Associate in Applied Sciences
Direct Support Professional, retired
Jamestown, NY

Rosalie Coleman
Fremont, CA

Marina Ruban
Accountant
Zagreb, Croatia

I am not medically trained. But I really
followed all the doctors who truly treated
people from covid with their knowledge and
skills. I fully support Dr. Chatty. I followed
his advice.

Judy Davis, BA Purdue
Self-Employed/Owner-Operator
Houston, Texas

.....

Hans-Christian Georg Rupprecht, BGS,
PDP, CFP
Certified & Chartered Financial Planer
Langley, British Columbia, Canada

Please reinstate Dr Chetty. Thank you for
your consideration.

Mrs Venkatesh. M.com.
Finance Manager, U.K,

Darija Kosuta
Profesore
Zagreb, Croatia

Joanne Bruton
pensioner

Simone Charot
Geologist
House Mom
France

Karen Gay, MS (Master of Science), John's
Hopkins University
Retired
Spring Hill, Florida USA

Alrike Lewis
BSc (Agric) (Hons) Food Science &
Technology
SHEQ Manager at a food company
Margate, KZN, South Africa

Mark D Kenyon-Slade
Property Administrator
Tauranga
New Zealand

Audrey du Toit, BSc Agric
Marketing / Technical Agronomist
Lusaka, Zambia

Andrew Lewis

Farmer, Margate.

Duncan Paterson
Company Director
Forres Scotland

Gail Ivis
Retired Salesperson
Pennington, Kwazulu-natal

Monica Ross, BA HDE BEd
Teacher
Johannesburg, South Africa

Rocco de Villiers
Brook Green Tennis Club
W6 7EB
Brook Green
London
United Kingdom

Alf Ferreira, BMin
South Africa

Nova Iannuzzi
Retail Manager
Hilton Head, SC USA

Philip Heseltine Pillans
Mechanical Engineering diploma
Retired Project Manager
Boksburg, South Africa

Ken McLaggan
BSc (Hon) Metallurgical Engineering
Retired, past South African Citizen
New Zealand

Monica Yaman
BA English Literature/French
Teacher, Eng/Fr., Montessori

Shirley Thomas
United States

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Heleen Broekema
Physiotherapist in rest
Lent Netherlands

Jill Panicco, Senior Primary teaching
diploma; Preschool teaching dip.
Retired
Bedfordview, South Africa

Liza Hall
Marketing Director
South Africa

Jose Roque, MBA Candidate Notredame
University,
CEO Designate, Abdul Monem Coca-Cola
Gensan, Philippines

Bill Schulz, BS Mathematics
Professional Pilot
Great Falls, MT USA

Joanne bierschenk
Bachelors degree: chemistry, music;
Minors: math, French
Retired forensic drug chemist
NY State Police Crime Laboratory
Newburgh, NY

Laura Rich
President/Director Rich Corporation
Steamboat Springs, Colorado

David Hinkes
MBS, and certificate in holistic nutrition
Greensburg PA 15601
Retired

Diane Brenner
BSc Logopaedics
South Africa

Janice Esquivel
Bachelor of Science in Computer
Information Systems

Senior Technical Team Lead
Dallas, Tx

Let doctors be doctors!! The federal health
agencies are NOT frontline doctors. They
don't treat patients, they don't have boots on
the ground. Real frontline doctors care for
their patients and in solution mode for the
patient. Dr. Chetty is a doctor I would trust.
Let doctors be doctors!

Christopher Francois Davel
Irrigation consultant
Howick KZN, South Africa

Valerie A. Seatter PCP/EMT-A
Retired
Alberta Canada T0G0S0

Mark de Bruijn, B.Sc. (hons), PDPP (Ed)
Retired science educator
Comox Valley, British Columbia, Canada

Liz Nelson, CN, BaSS(SW)
Social worker
New Zealand

I wish we had had a medical professional of
Doctor Chettys ability and conviction in NZ
during the pandemic

Peter Worsley
Bachelor of Arts degree
Social Work diploma
Retired
Airdrie, Alberta, Canada

Vincent Stanger MS
Exercise Physiologist/Performance Coach
New York USA

James Kringlee
Director - IDCD
Minneapolis, Minnesota USA

.....

Michelle Moses BSc (Wits), HDE (Wits),
BSc Hons. (UKZN)
Management Consultant (retired)
Howick, South Africa

Bridget Ebeling
Concerned supporter
Home executive
Australia

I have been following Dr Shankara Chetty and his amazing work in saving lives throughout this so called covid pandemic. I am disappointed, dismayed and shocked to hear Dr. Chetty has been charged by the Health Professional Council of South Africa for unprofessional conduct. It's absurd that HPCSA has taken such an action. Dr Chetty has displayed nothing but compassion and dedication and in my opinion is one of the most knowledgeable doctors in the treatment of COVID-19. The charges against him are ridiculous and should be dropped immediately. I fully support everything he has done and sincerely admire him.

Donna Hibbard
Concerned citizen - Retired
Ottawa, Canada

Susara Maria Boshoff, BSc, BEd, THED.
Retired Biology Teacher
Pretoria, South Africa
Treated by Dr. Chetty for Covid 19 infection.

Patrick Kelly
Construction Business Owner
Mitchell, Ontario Canada

Patrick Kelly
Construction Business Owner
Mitchell, Ontario Canada

Carol Maier BSc zoology and agriculture
(entomology)
Vancouver Island, Canada

Marc Falconer, MA, MEd
Headmaster
Cape Town, South Africa

Sandra Pierre, MES
Educator
Canada

David van Heerden
Business Owner
Pretoria, South Africa

I strongly object to the allegations and charges brought against Dr. Shankara Chetty. From a personal experience, a friend of mine whom had tested positive for covid and was petrified, contacted me. I immediately set to work to get hold of dr Chetty whom I had learnt of. Doctor Chetty returned my call, a rare action from a doctor to an anonymous caller. I proceeded to inform him of her condition and he made us aware of the, what to expect, as it was evolving, and in particular of the danger of day 7 to 8. I got hold of a pharmacy near her, who took over and dealt with her needs. She is a success case for doctor Chetty and witness to his humanitarian nature as an extraordinary healer and physician for whom I vouch.

Neo Dhladhla
Student
Johannesburg, South Africa

Joan E Morgan, BA
Retired
New Denver, British Columbia, Canada

Santosh Prem Pr.Eng
Professional Engineer ECSA

.....

Bachelor of Engineering
Durban

Ashley Singh, BSc Eng, MEng,
Industrial professional,
Gauteng, South Africa

After I was diagnosed as Covid positive after taking a PCR test, I followed the treatment protocol advocated by Dr Chetty. The treatment was specific and involved taking regular off the shelf medication readily available at my local pharmacy. It did not involve hospitalization nor getting onto a ventilator. I did get seriously ill like predicted after the 8th day. I diligently followed the protocol and duly recovered. I don't have any "long term Covid" like so many others who followed other more widely available treatment protocols. I can safely say, that if not for Dr Chetty's protocol, I would have been hospitalized and probably put on a ventilator and today dead.

There is now ample evidence that Governments and big Pharma have got it wrong, and simply creating mass hysteria by pushing a vaccine and claiming alternatives don't work, is false.

Rather let us celebrate good doctoring by allowing our doctors to think for themselves and basing their treatments on self evident truths as witnessed and demonstrated for the betterment of fellow South Africans. By attacking our own South African professionals who have developed world renowned solutions all in the effort to benefit other global interests, what message do we give to local excellence, local innovation, local patriotism.

The HPCSA is extremely short sighted and has erred on this matter, the action should

have been and still should be full celebration and acknowledgement of Dr Chetty's work.

When we fail to acknowledge and support those that can help make our country great, then we fail our children, we fail the future of South Africa.

Lee Peggy
Honours in Mass Communication.
Humanitarian
Malaysia

Ang Koo Sing
Bachelor's degree in Civil Engineering,
Graduate Diploma in Computer Science.
IT Professional and Software
Designer/Developer;
Health Researcher and Entrepreneur.
Malaysia.

Dr Shankara is a great and responsible
Doctor.

Alexa Chen, BS (Food Studies)
Certified HACCP Auditor
Malaysia

Mical Tan Say Kian
MBA, BEng.
General Manager
Kuala Lumpur, Malaysia

Shanthini Venuopal
Bachelorette - Business Administration
Performing Artist
Kuala Lumpur

Susan Crosby, SocSci(SW)
Johannesburg/ Gauteng

I was practicing as a live in Carer in the UK. I got vaccinated (Astra Zeneca) upon the recommendation of UK gov and care agency. Upon my second jab I suffered a

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minor stroke- symptoms drooping right side mouth, right leg with a slight drag and a numb patch of left side of my head on the upper side. Due to the fact that I had watched a few of Dr Chetty's protocol videos I was taking Aspirin (so didn't have a full blown life impeding episode at the time) as well as when I contracted Covid once back in SA (acquired Ivermectin and choose to be treated with his protocol) Part of the confidence given by Dr Chetty as a South African doctor who used his medical knowledge to solve the problem presented. Although not a direct client - confident that he has his patients best interests at heart and not a medical puppet following global narratives hook line and sinker.

Kirsi Trospe, BM
Software Developer
Berlin, Germany

Dr. Chetty's protocol helped me to recover from long covid. Many thanks to him for his great work.

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