Discussing the Effects of the COVID Jabs in Children
A Special Interview With Dr. Michelle Perro
By Dr. Joseph Mercola

Dr. Joseph Mercola:

Welcome everyone Dr. Mercola, helping you take control of your health. And today we're joined from a veteran in the field, in the trenches of treating COVID-19 complications, including not only the disease, but complications from the jab, which is far more significant, serious and deadly. We're talking today to Dr. Michelle Perro who went to Yale as an undergrad, and then went to Mount Sinai medical school, and did her postgraduate residency training in pediatrics at Bellevue. And for those of who aren't familiar with it, it's an inner city hospital provide a unbelievable experience, pretty similar and comparable to Cook County Hospital in Chicago, where I actually spent a few months of my training post-graduate, and she was in the trenches and got to do her thing.

Dr. Joseph Mercola:

But then she moved out and is now practicing in California, kind of like the belly of the beast. She practices in a very highly vaccinated population, so she's got some interesting experiences to share with something called viral shedding, which isn't really shedding, but spreading of the COVID spike proteins with the COVID jabs. So she'll share that information with us later, so welcome and thank you for joining us today.

Dr. Michelle Perro:

Thank you Dr. Mercola, pleasure to be here with you.

Dr. Joseph Mercola:

All right. So where would you like to start? You want to tell us about your journey, how you got here and the progression, and actually, I have one burning question I wanted to ask you. I neglected to mention you've been an integrative physician for many, many years, so there's a big distinction, because many of the leaders in the COVID anti-assault would be like Dr. Malone and Dr. McCullough and Steve Kirsh, but these are all relative newbies to the field of understanding natural health and medicine. But you and I aren't, we've been in this field for a long, long time and come to it from a different perspective.

Dr. Joseph Mercola:

But I'm really curious because you're a pediatrician and it's an interesting specialty, because they probably are the most seriously underpaid and overworked and dedicated. And on the other hand, the ones that have been so significantly deluded about the value of vaccine therapy. And I'm assuming you didn't buy the whole narrative propaganda hook, line and sinker before COVID-19, and maybe had some questions about the validity of conventional immunization. But maybe I'm wrong we didn't discuss this before, so I'm just curious what your position is on the traditional immunizations or vaccines?

Dr. Michelle Perro:

Yeah. Thank you, doctor. So much to unpack there, but let me get started. Addressing this question regarding the vaccine issue really coincided when I started seeing the tick up in autism, that's when that all began.

Dr. Joseph Mercola:

You're talking about regular vaccines, not the COVID-

Dr. Michelle Perro:

Yeah. Regular vaccines. Like all pediatricians we are in the vax model, thoroughly integrated into that, my own children vaccinated, I never really questioned it, or thought that there could be possibly anything wrong. Because remember thinking that we would intentionally harm children is a very difficult reach, as a matter of fact one of the most difficult diagnoses in pediatrics is Munchausen by Proxy, that's where a parent usually or a trusted individual intentionally hurts a child. So knowing that, that it's really hard to wrap around the fact that you would do intentional harm to a child, is out of the reach of many pediatricians.

But in early 2000s, I've been practicing 40 years, so within my span I started seeing the significant uptick in autism, and so that correlated with my understanding of GMOs and pesticides. But however, when you start looking at one toxicant you look at other toxicants, and that's where I got into the field of environmental toxicity, including our food, our air, our water, EMFs (electromagnetic fields), you name it, the whole deal, and then I started going back.

Dr. Joseph Mercola:

Were you ever involved in NAM (National Academy of Medicine)?

Dr. Michelle Perro:

Not so much, now I am. Back then I wasn't, now I'm an advisor for NAM, and I'm working on a pediatric environmental health questionnaire, I wrote a bill of rights for environmental health for children. So I'm deep into this now, not just focusing on vaccines, but the global issue of protecting children from environmental toxicity, and that's what I've been looking at now. So that's how that began and it was linked to autism because I was so – autistic Spectrum Disorder. I was so shocked by the lack of alarm, by colleagues, government officials.

We were screaming from the rooftops like, "Hey, there's nothing normal about a child with Autistic Spectrum Disorder, it is now a pandemic and we should be focusing a 100% on that," and we never did, and we haven't to the way that I think would be adequate.

Dr. Michelle Perro:

And that's how I started really digging deep, and I am proud to say that in about, has it been over 25 years ago I became a homeopath. And then an integrative physician, the dreaded word in medicine I have received thousands of eye rolls in my time from my colleagues. I don't even talk about being a homeopath because it's not taken well with a lot of my peers, but most of my treatment successes have been from homeopathy. So did I lay it out correctly? Did that sound-

Dr. Joseph Mercola:

Yeah. So I mean the intention of the question was to discern whether or not you were opposed to most of the traditional childhood vaccines, it sounds like you were, which is unusual, extraordinarily unusual for a pediatrician, but there are a few of you out there, not many, but a few.

Dr. Michelle Perro:

It was an evolution, and I think I was primed on this understanding with the GMO movement, and everything that helped me understand what's happening now, I've learned from GMOs, pesticides and what happened there. There are so many parallels and from treating kids with chronic Lyme, tick-borne infection, I hate both those words, neither of those words are accurate for what happens to kids. Let's just call it Lyme disease for, say, ease of linguistics. And once I understood that and the person who taught me that was Dr. David Martin.

When I heard Dr. David Martin lay out his perspective about what's happened the past two decades regarding where we're at now, I understood how to lay out the course that we've been on. And when I understand this trajectory, which has really been happening over decades, if you look back over from anywhere from Dr. Rife to Dr. Willie Burgdorfer to others, and we can do the history of medicine.

Dr. Michelle Perro:

When I understood the historical narrative of how we got here, I was able to piece it better together. Because for me, where we are now is like GMO pesticides on steroids, but it's all happened before. So for those of us who've been awake paying attention or Lyme, we can talk about that, another bioweapon, how we got here with the health of our children. So that gave me tremendous historical perspective, I appreciate it and it gave me a diving board to understand how to go forward.

Dr. Joseph Mercola:

Yes, indeed. I think that may be one of the biggest benefits from this horrendous experience that we've all gone through the last two years, is that it's really opened up the eyes of a larger percentage of the population to recognize, that there's some really serious, fundamental flaws with the entire vaccine program, it's not just the COVID jab, it's everything that precedes it.

So, even one of the most fundamental ones, Mary Holland, with the Children Health Defense is a co-author of a book that's coming out soon, and there's this actually encourage them to take a section out of this new book and call it the “polio fraud.” Almost everyone believes that the vaccines for polio are what's responsible for eliminating polio from our culture, which is a devastating neurological epidemic of paralysis and death in many cases.

Dr. Joseph Mercola:

But it turns out it wasn't due at all to the virus, it had nothing to do with the virus, it was just a reaction to what you dove deeply into was an environmental toxin, specifically the pesticides. Like lead, arsenic that was used interestingly for the first 40 years of the 20th century and then they transitioned to DDT (dichloro-diphenyl-trichloroethane). And what I found the most fascinating in this book was that, the last case of reported polio in the United States, supposedly the national infection, was 1972, and isn't it interesting that's the year the United States banned DDT. Amazing.

Dr. Michelle Perro:

Well, I saw a video and for somehow YouTube must have missed it, they must have been asleep. But it was Dr. Maurice Hilleman, I think his name is and he worked for Merck.

Dr. Joseph Mercola:

Yeah. Merck. He was the head of Merck for a while.

Dr. Michelle Perro:

And he developed polio vaccines and he says this himself, he developed a wide array of vaccines, and he said, "Oh yeah, it looks like the polio vaccines are contaminated whatever like 36 different viral pathogens." Because when they developed the polio vaccines they use these monkeys and they housed these monkeys in cages, where they all got sick and these viruses were transmitted, the SV40, you name it, into the vaccines because it's not a clean product.

Hearing the doctor who developed the vaccine said it and when they said, "Well, what's the problem with that?" He said, “Cancer” and I'm thinking, "Wow, okay. And wow, YouTube didn't scrub that one. Geez." Maybe I shouldn't be saying that now, they're going to go back and take it off. But this idea of vaccination contamination was exposed again in 2017, when they found nano-contamination with heavy metals in 43 or 44 vaccines in a study out of Italy, pre-COVID and-

Dr. Joseph Mercola:

Which vaccines?

Dr. Michelle Perro:

The only vaccine out of 43, out of 44 vaccines tested like Prevenar, Infanrix all the-

Dr. Joseph Mercola:

So all the regular ones.

Dr. Michelle Perro:

All of them, except Feligen, a cat vaccine.

Dr. Joseph Mercola:

Oh, geez.

Dr. Michelle Perro:

One out of 44 contained contamination from metals, organic and inorganic metals like tungsten, chromium, lead. And these little nanoparticles, because of their size, are inflammatory, great papers on that, and they cross the blood-brain barrier. And I am sure, without a doubt that's what's linked to this neuro-inflammatory process that we see with kids on the spectrum, rise in ADHD (attention deficit hyperactivity disorder) and another neurosensory, neurocognitive issues.

Dr. Joseph Mercola:

Yeah. It's just not the actual concentration of it, but it's the method of administration. I know that was notoriously true for aluminum, which many experts believe is more serious of an issue than mercury was because it was injected at levels far in excess of what's supposed to be in the body. There's not supposed to be any aluminum, aluminum's not beneficial for anything in your body, it should not be there it's just like mercury.

Dr. Michelle Perro:

Well, and you might be interested in learning there, and this was something that really surprised me, because I've been against glyphosate main ingredient in Roundup and GMOs for a few decades now. I know more about glyphosate than childhood asthma, which is a little bit scary to me. But a paper came out in 1993, which showed how glyphosate shuttles aluminum across the blood-brain barrier in six different ways.

So, glyphosate, aluminum are synergistic, so every child in America, globally, is bathed in glyphosate, literally, because we use so much and now we shuttle it right into the blood, into the brain. We've assisted this process and now we're using nano-aluminum in vaccines, I said we, not me, they, are using this nano-aluminum in the vaccines, which it doesn't even say it I believe on the inserts, and I might be wrong there, but I don't think it says nano-aluminum, which allows it to enter the brain more easily. I just can't believe that's possible, but that's what I've read. I think it was on the CDC (Centers for Disease Control and Prevention) website.

Dr. Joseph Mercola:

Yeah. And those that are listening and watching may wonder, "Why the heck would they put aluminum in a vaccine?" Well, it's there for a real purpose because it enhances, it serves as an adjuvant and it enhances the immune response, it gets a better antibody response, which is a whole other flawed strategy because all the vaccines that you are well aware and can elaborate on this in a moment, basically only stimulate the humoral antibody system and the cellular immune system is ignored.

Because of that you have this humoral and cellular immunity system imbalance, which can by itself, that imbalance can lead to cancers in the future, independent of any other contaminants in the vaccine. But essentially, it's not as effective as the natural immune response that we acquire from exposure to the natural infection. And it couldn't be more exquisitely illustrated in what's happened with the COVID scenario, and that those who've been vaccinated are actually far worse off than those who actually acquired natural immunity.

Dr. Michelle Perro:

Dr. Mercola, you bring up a wonderful point there, I'm glad you mentioned it. And it really speaks to why children are immunologically different than adults, and children are not mini-adults because they have that other arm of the immune system, the innate immune system, you mentioned the adaptive, the antibody responsive system, and children have a very robust innate immune system. And they have a thymus which involutes with time as adults, ours are long gone. And because of this innate immune system and increased NK cells, they're able to fight COVID and that's why children do so well with this virus because of their robust innate immunity, which is totally, as you state, accurately bypassed when you give somebody a

vaccination. But Dr. Fauci himself said in 2004, natural immunity is better than vaccine-induced immunity, it's out there, it's widespread.

Dr. Joseph Mercola:

I've seen that video many times.

Dr. Michelle Perro:

So have I.

Dr. Joseph Mercola:

Yeah. He does say the truth occasionally, but it really depends on what his specific circumstances are, but that's a whole other issue. So I think with that preface, we can probably dive into some of your experience with this most recent pandemic. You're still seeing patients, you're in the trenches, and you've got a lot of exposure to what's happened. So why don't you take us along a little journey and share your experiences, when you go back to the beginning of the epidemic.

Dr. Michelle Perro:

Sure. So in full disclosure, 40 years in the field, I was really trying to get to Pasteur's and do more nonprofit work. I wrote one book, I'm working on a second, creating nonprofits, bigger vision, et cetera, et cetera. And I kind of got yanked, I only see patients once a week, which for a clinician, I am a clinician, I'm a proud clinician, that's not a lot. And I was asked by individuals, "Michelle, can you help us create a protocol before children get this COVID vaccine, and in case there were issues afterwards." And I said, "No way, I'm not going to create a protocol because we shouldn't be administering them." Because here in Marin County, as you mentioned, highly vaccinated, I read stats where 95% vaccinated, very high rates of vaccination-

Dr. Joseph Mercola:

Oh my gosh, 95%.

Dr. Michelle Perro:

Over 12 is very high, I don't have the exact number, but it's very high of children over 12. So, I reluctantly acquiesced, why? Because I started seeing injuries right away. And so in this very brief time that I'm working clinically, I was amazed how many kids I was seeing who were injured, and that should be surprising. In an area that is very affluent and kids have means, we're not in an inner city here in the area I live in and the care kids that we care for.

The types of reactions I started seeing were first initially neurologic, they were neurologic-based injuries. And some of them in the beginning were simple, were simpler, but concerning like tinnitus, which is ringing in the ear, and that could be horrific for a kid. I had a musician go to Julliard, he had this severe acute onset, after the first the Pfizer, worse after the second of this massive tinnitus, not just a little buzz, vertigo, vertigo, vertigo, vertigo, vertigo.

Dr. Michelle Perro:

I have colleagues who saw Guillain-Barre ascending paralysis, I did not see any Guillain-Barre. But I saw cardiac stuff, myocarditis for sure, and then just abnormal heart rate responses like tachycardia increased heart rate, might have been not secondary to primary cardiac trauma, but increased catecholamine sed-increased heart rate. I saw POTS, postural orthostatic tachycardia syndrome, something very common in Lyme disease was very difficult to treat. And another couple weird things I saw were this one child with rhabdomyolysis, where he had massive breakdown of his muscle tissue, which is a very rare event in childhood. Rhabdomyolysis, it's uncommon. And so I was seeing this massive array, and then I started seeing people develop symptoms who were unvaccinated, including myself, I got spiked, that's what I call it, getting spiked.

Dr. Michelle Perro:

It wasn't my drink and what it took for me to clear my own spike-itis or spike-opathy, so I saw a little bit of about that. And the place I saw that in others and kids were teenage girls with menstrual bleeding, heavy bleeding, prolonged bleeding, and other menstrual irregularities, mostly with increased bleeding. So that's what I started to see and colleagues checking in with me, "Hey Michelle, can you help us with." And then now that I'm thinking about it, there was a smattering of rashes, urticaria, hives. And one kid, erythema multiforme, another kind of rash, maybe one kid with a blistering rash, so a bizarre host of rashes. So this is the kind of stuff we started seeing and this began happening last June, after ACIP, the American Committee of Immunization Practice, I believe said, "Yep, 12 olds can be vaccinated."

Dr. Michelle Perro:

Dr. Stephanie Seneff wrote a piece for my organization GMO science about that, labeled pedicide, like, "What are we doing? Stop, stop, stop. Myocarditis, rare in children, now not rare, it kept rolling out." That's another topic we can discuss is why despite massive injury, we continue to roll out this vaccine, we can go to the dark place. And once again, we as clinicians, they bring out a technology, gene edited therapies, either in our food, or we inject them, a host of health trauma results. And now we have to sort it out how we fix it with tools not in the traditional toolbox, that's what we're faced with.

Dr. Joseph Mercola:

Yes, indeed. So I'm curious some of the strategies you used specifically to address these, and also curious about the rhabdomyolysis, how old was the patient that you had when-

Dr. Michelle Perro:

I think it was a 16-year-old boy, biker, and he was saying, "Oh, I'm a mountain biker and this likely happened from mountain biking." No. Kids don't get rhabdo from mountain biking, he didn't have this massive muscular trauma. I think in 40 years, and I'm a pediatric emergency physician, so Metropolitan Hospital, Oakland Children's, et cetera, et cetera. I think I've seen one case of rhabdo in 40 years, rhabdomyolysis, in 40 years of practice, it was pretty shocking.

Dr. Joseph Mercola:

So it was interesting for me because there was a local patient, a local the State of Florida, it was on the other coast, but a young woman who was 21 years old, was going to have both of her legs

amputated and I thought for sure it was due to clots. So I wound up getting a hold of her dad and try to be of some assistance to him, and it turns out it was rhabdo. It's interesting, I think we use this as an illustrative example because as I understand, it's an autoimmune disease and it's really, really tough to turn around, so I'm wondering how you approached it.

Dr. Michelle Perro:

Yeah. Well, interestingly, the family waited a while before they came in with this, I'm not really sure why, so we kind of saw him a couple weeks after, and even then his markers were off the charts for rhabdo, his creatine kinase, he was in the 3,000s. So what I did was I offered spike-binding protein, the family refused that, they didn't want spike-

Dr. Joseph Mercola:

Spike-binding protein, I have never heard of that, what is that?

Dr. Michelle Perro:

So using spike binders, like ivermectin, hydroxychloroquine.

Dr. Joseph Mercola:

Oh, okay. You calling it a protein, but it's a spike binding-

Dr. Michelle Perro:

It's a spike. To bind the spike.

Dr. Joseph Mercola:

It's not really a protein, it's a supplement of sorts, or a therapy, spike-binding therapy, SBT.

Dr. Michelle Perro:

The spike-binding protein therapy. Well, spike-binding therapy, or I call it with the families, despiking. So if you're making spike, more spike, bind spike, even though kids don't have a lot of H2 receptors, those spikes are everywhere. In mice, we show they've crossed the blood-brain barrier, they're disseminated, and then they tend to focus in your area of weakness, that's where they seem to like – well, then they go in fat-loving tissues, they go in the ovaries, they go seem to go everywhere, they're everywhere. So binding the spike, that's one aspect, and there are different things you can do, both pharmaceutical and non-pharmaceutical. Decreasing inflammation, especially IL6, you want to use a lot of immunomodulators and a lot of supplements can do that.

Dr. Joseph Mercola:

So rather than just name the categories of strategies, you can probably identify the specific interventions you use because there's not that many, so you can just consolidate them together.

Dr. Michelle Perro:

So my favorite is ivermectin for the spike. And I was using kids, 12 milligrams initially once a day, I went up to 12 milligrams twice a day-

Dr. Joseph Mercola:

With Omicron did you increase the dose?

Dr. Michelle Perro:

I went up for Omicron to, depends on the size of the kid, so 12 milligrams twice a day, and for bigger kids, 18 milligrams twice a day. I didn't see any toxicity with ivermectin, I've used ivermectin before with kids and parasites and stuff, never had any problem with ivermectin. And I have not used hydroxychloroquine but now for Omicron I would use more hydroxychloroquine, 200 twice a day is what I would use. I use a lot of quercetin and zinc together.

I like quercetin and zinc, quercetin about 500 twice a day. I'm talking about a teenage kid because as a younger kid you change it. Zinc, anywhere from 25 to 50 milligrams a day in a teenage boy, he was an adult weight, 130 pounds. And so that's how, if you think about the-

Dr. Joseph Mercola:

You're one of the astute physicians who understands the dangers of excessive zinc, so 50 milligrams is a pretty high dose. And I'm absolutely certain you're aware of the connection with zinc and copper, so why don't you elaborate on that.

Dr. Michelle Perro:

So I only do the high dose for a few days, three days-

Dr. Joseph Mercola:

All right. Good. Because a lot of people don't get that, they hear 50 milligrams zinc, "Gosh, I should be at 50 milligrams the rest of my life."

Dr. Michelle Perro:

No, no three days I do 50 and then I drop down to 25, and then once they're better I take them off the zinc. Boys need more zinc than girls, for girls I would not get higher than 25, a teenage boy in puberty, I would give 50, but then drop it back. Because you're absolutely right, the zinc is in balance with copper and you don't want to drive copper down, because of that balance and you need copper for so many liver enzyme, it's a metalloenzymes, you got to keep that copper ratio in balance. It's true I don't like over-supplementing with anything. I'm really careful with green pharmacy you have to give therapeutic doses, but then you have to cut it back once you reach the desired effect. So that's why the best thing pediatricians can do, or integrative physicians, I should say, because I don't think a lot of pediatricians are doing what [crosstalk 00:25:56].

Dr. Joseph Mercola:

We're talking a tiny fraction of 1%, that's for sure.

Dr. Michelle Perro:

The phone follow-up, please. I follow-up all the patients with a phone call always, and that was one of the cornerstones of my own practice. And I ran an integrative urgent care here at my little town is I always call the patient back, "How's it going?" And change the prescription, especially during homeopathy. So that is sort of every clinician needs to call people back and you can make

adjustments on the phone or Zoom, easy to do. So when I look at injury from vaccine, we have to consider that the vaccine has, five, five components to deal with.

Dr. Michelle Perro:

You have to deal with the spike aspect, you have to deal with the PEG (polyethylene glycol) aspect, you have to deal with the nanolipid, highly inflammatory aspect. You have to deal with the graphene oxide or what I call special sauce, you don't know what other little special things, and then you have to offset nano-toxicity. So when I treat, I'm looking at these five components to understand because they all can be modulated in different ways. So that's why we have to use an entire menu of things, when treating a vaccine reaction, from COVID vaccine specifically.

Dr. Joseph Mercola:

Interesting. So I definitely want to go into more of the approaches and some of the strategies you're using, but I'm particularly curious. I didn't realize you were in Marin County and if I'm not mistaken, Marin County was largely highly opposed to California's legislation that was passed a few years back, at removing the philosophical exemption. [inaudible 00:27:45] to be great, you could say, "I don't want it," and you didn't have to get a vaccine. But Marin County, for those who are not aware, but it's basically on Silicon Valley, and it is highly educated, very affluent families and mothers who were strongly opposed, it was the vast majority I believe.

And they were characterized in the mainstream media as just wacky, didn't understand what was going on, yet they were some of the smartest ones out there. So I wonder if you confirm if my memory is correct on that, and I'm just curious as to how this stalwart group of families and mothers who are opposed to the removal of philosophical exemption, transition into adopting and accepting this COVID vaccine at a 95% rate is just extraordinary.

Dr. Michelle Perro:

So a couple things. I'll try to make this brief because we could be here for a few hours Dr. Mercola, I call it getting “Panned.”

Dr. Joseph Mercola:

Oh, Senator Pan.

Dr. Michelle Perro:

We got Panned, pediatrician gone Senator. I don't think he actually ever sees a child or maybe he has one, I don't know. What happened to those moms? You're right, there was a very large, vocal group of mostly women, but not all. And I must say still in health care with children they are women we're seeing. Even when I wrote my book I don't think we saw one dad in the entire practice, wake up dads. But anyway, yes, this was driven largely by women. And many of them came from Marin, and you're right, painted as this hysterical group of people, hysteria uterus. But these women are some of the smartest women ex-CEOs of companies, executives, lawyers, heavy-hitting smart gals, we lost with the Pan thing removing religious exemptions, and now we're facing a similar thing. I think as I've watched Dr. Desmet over and over, he's one of my go-to. Dr. Desmet from Belgium about the mass hypnosis, mass formation, I don't like the word psychosis in there because of what psychosis-

Dr. Joseph Mercola:

Neither does he.

Dr. Michelle Perro:

-denotes. But I think some of the what it says and what he says is some really educated folks, high-professional careers have bought into “protect the children” concept, that we have to protect our kids from this. And they also bought into protecting others, that children are somehow little vectors and we have to protect others, adults, elderly, grandma. Our own public health physician here when promoting the vaccine on a forum that I would watch last week said, "Yes, and you will protect grandma if you vaccinate children." Which is immoral to vaccine a child when their risk is way greater than their benefit, that's just immoral, unethical, unconscionable by the way, I just can't even wrap around that, so I struggled with that stuff.

Dr. Michelle Perro:

But when you look at who supports Senator Pan, he got $1.5 million, he's coming hard with legislation right now to force every kid in California to get vaccinations. But the one that's up on Thursday here in our state is that 12 and up will be able to get permission to receive a vaccine, removing the parent-child relationship, that's being looked at in Sacramento this Thursday. And when I looked at who donated money to Dr. Pan, one of them was the Teacher's Union and I said, “Well, that's interesting.” And I do believe, and this is my belief now, this is my own speculation, that teachers want to protect themselves from children, from getting COVID. And so they're vaccinating kids to protect themselves. Now I would not find that to be hard-stretched to believe here in Marin, I call it Me-rin sometimes, that we need to protect the adults, this affluent Silicon Valley North, adults from these little vectors running around, because that can only be one of the reasons why the parents have bought into it.

Dr. Michelle Perro:

The other reason why parents have told me why they went for it, even though they opposed it, is their kids could not be entered into society. They were banned from summer camps and theater club and soccer, and they were literally ostracized and outcast and they wanted their kids to be in community, and that's why a lot acquiesced. Thirdly, a lot of moms and dads are in fierce divorce battles. I've gotten so many consults like, "We're in divorce, my husband and I are fighting. Moms and dads have opposing views on the COVID vaccine and we're going to court, can you help?"

Dr. Joseph Mercola:

Is it the mother that's typically anti-vax, is the dad's pro, I would assume.

Dr. Michelle Perro:

That assumption is correct and that's what I've seen, I haven't seen it the other way yet.

Dr. Joseph Mercola:

Women are so much smarter. Dang.

Dr. Michelle Perro:

I wasn't going to say that. I wasn't going to say that. But if you mention that, I'd say, please listen to the ladies.

Dr. Joseph Mercola:

100%.

Dr. Michelle Perro:

When moms say, "There's something wrong with my kid." Guess what? There's something wrong and it's my job to figure it out, that's all there is to it.

Dr. Joseph Mercola:

Yeah. Yeah. I think it's a special activation of some segments of their brain that they get as being a mother, and such a responsibility to bring consciousness into this world a healthy child, it's just amazing, enormous responsibility, that's totally undervalued in our society. But as a result of that, they have this intuitive wisdom that just needs to be listened to.

Dr. Michelle Perro:

And not only do we have intuitive wisdom, but another thing is that we have mixing of cells. Once you give birth, you carry those cells around with you forever. So if you have little pieces of Johnny and Susie hanging around you and sometimes you wake up in the middle of the night, I have children and I go, "Whoa, there's something wrong with one of my kids." And I'm like on the phone and there's something wrong with one of my kids, even though they're 3,000 miles away.

Dr. Michelle Perro:

Women have a lot of intuitive knowledge and there is a bigger agenda here because clearly these vaccines are dangerous for kids, there's no doubt, the data is irrefutable and yet we've proceeded. So we're dealing with other agendas here now. And I wrote a piece for Children's Health Defense about Pediatricians Rise Up, that's not happening. I think parents need to rise up and protect their children because this is not going away, and if anything not going away, ramping up.

Dr. Joseph Mercola:

Yeah. For sure. So just supporting and further confirming the connection with the mothers parts in the child. I'm sure most people understand that the mitochondria, which are literally there's trillions in our body, maybe quadrillions. But all the DNA in our mitochondria, 100% of it, comes from the mother, none of it comes from the dad, so there's another strong connection to the mom.

Dr. Michelle Perro:

And the other thing, which I've always found fascinating. One of the things I'm into heavily is a microbiome, microbiome, microbiome. So the mitos are probably transformed bacteria and they're living with us and he inherits the microbiome from mom. And if I didn't know better, I would say that those microbes inherited from mom are still chatting up with mom's microbes,

because microbes corumsense, that's how they chat with each other. So initially children and moms share a very similar unique pattern because we're mostly microbial, 10 to 1 perhaps, fewer in some-

Dr. Joseph Mercola:

It could be even higher, it could be even higher. With respect to the amount of DNA in their body-

Dr. Michelle Perro:

Correct. And these microbes communicate and you have microbial fingerprints everywhere, not just your intestinal microbial fingerprint, but your skin, your eyes, everywhere in your body is a unique microbiome, so they're chatting up with mom all the time. And so this is communication may be way more sophisticated than we even give credit towards. These are the kind of things I'm thinking about when I'm out taking care of the chickens.

Dr. Joseph Mercola:

You have chickens.

Dr. Michelle Perro:

We have four chickens. Yes. COVID chickens.

Dr. Joseph Mercola:

Well, I'll have to share with you my magic sauce for feeding your chickens, because almost every person who raises chickens is feeding commercial food, which is laced, absolutely laced with something almost as bad as glyphosate; it's excessive or seed oils or linoleic acid.

Dr. Michelle Perro:

I get mine from an organic farmer, Howard Leegar, he ships it to me from his organic farm and that's what I feed my girls.

Dr. Joseph Mercola:

Yeah. But even the organic stuff there's still, almost all of them use seed oil as a form of fat because it's so cheap or organic seed oils or it's organic seed oils. But anyway, it's another issue, we'll talk up on it.

Dr. Michelle Perro:

Right. We can get into chicken feeding. I also put probiotics in my chicken water.

Dr. Joseph Mercola:

Yeah. Yeah. Of course. And minerals.

Dr. Michelle Perro:

Of course, of course you do.

Dr. Joseph Mercola:

Why not. I've got 17 chickens, so it becomes an issue for me. I want to go into your protocols that you've established and noticed improvement in caring for your patients, because I think that's useful, we don't get a chance to talk to as many people, the clinicians, especially those treating in these circumstances with a multi decade history of familiarity with integrative medicine. Most of the people who have gotten into this are late comers as I mentioned earlier.

I've heard you on Dr. McCullough's podcast, and I know you're a big fan of some of the fibrinolytic enzymes like lumbrokinase. So, why don't you talk about the needs for those and maybe some of the other ones, because the fact that these impair or activate the clotting system is a serious issue and maybe one of the most significant, at least, acute pathologies that they have to get done.

Dr. Michelle Perro:

I really embraced the lumbrokinase, I've been using lumbrokinase for years with Lyme kids, Lyme treatment not for its clotting mechanism, but for breaking up biofilm. So I use it for a long time successfully as a biofilm breaker, it's one of the functions of lumbrokinase. For those who don't know it is derived from earthworms, people don't actually eat the earthworm they're taking in a capsule, somebody asked me that, “No, you don't have to eat the earthworms.”

But however, lumbrokinase has been around in Chinese medicine, I believe, for 5,000 years. So, not exactly a new therapy, but we know that the clotting mechanisms are activated, whether it's the platelet phenomenon, we know that it occurs. There is a thrombotic and antithrombotic phenomenon that occur. And I mentioned this kid I treated with even the ringing in his ear, the tinnitus, whether it was actually microemboli that triggered this and that's what I suspected. I've been using lumbrokinase, I prefer lumbrokinase to nattokinase myself, which is made from soybean, because I don't know if the soybeans are GMO, because it has-

Dr. Joseph Mercola:

There's another reason, at least with respect to this fibrinolytic activity, lumbrokinase is 300 times more potent than nattokinase, no actually – I'm sorry it's only 30 times, it's 300 times more potent than serrapeptase.

Dr. Michelle Perro:

Serrapeptase. Serrapeptase. I've used serrapeptase early days of Lyme treatment as a biofilm buster. But so I started bringing in lumbrokinase. I've also used lumbrokinase where I got most experience with it years ago was in treating people with cavitations, oral cavitations . And that's how I started because when people have a lot of oral cavitations , they're not perfusing their jaw because of the anatomy. And when I gave them lumbrokinase they had increased perfusion of areas of stagnation.

Dr. Joseph Mercola:

How do you document that?

Dr. Michelle Perro:

Clinical improvement.

Dr. Joseph Mercola:

Oh, clinical improvement, so you do a scan to show it or-

Dr. Michelle Perro:

Well you can, but you have to do these digital CTs, which I don't like, even though it's a small dose of radiation, I try to avoid these digital scans. But also, you can look at let's say this is how I started with patients with them, the cavitations, their D-dimmers are up. And so you have a couple things that aren't looked at in traditional mainstream medicine on one's people coagulation status prior, like do they have genetic SNPs? So they have a Factor V Leiden or prothrombin 2A, or other genetic SNPs that predispose them to hypercoagulation. Then you look for areas that are under-perfused, like the jaw, for example, and we know that anaerobics or hypo-oxygenation is part of the pathologic process.

Dr. Michelle Perro:

So when I started looking back historically how I used lumbro[kinase], and then when I saw the massive clotting issues coming out from the vaccine, and coupled with the fact that in June, last June, they released a new drug for strokes in children. And I'm thinking they're preparing for the tsunami of clotting issues that are about to befall. Children's strokes are not normal in children, please do not normalize strokes, heart disease-

Dr. Joseph Mercola:

That's what they're seeking to do.

Dr. Michelle Perro:

And I saw that paper and I had like a cold sweat, Dr. Mercola. So, I've had experience with lumbrokinase in other disorders. I don't want to over exaggerate how much I've used it, I've only used it a few times in some kids, but I got spiked. I developed vertigo from a friend, recently vaccinated, and I myself took it with great success. I treated myself for a spike protein-itis, so I do lumbro[kinase] and I've had great success with that across the board.

Dr. Joseph Mercola:

Yeah. Just one point for those who are interested, to get the maximum benefit you have to take it on empty stomach otherwise it's going to digest the protein in your food, which is not the intention, so it's an hour before or two hours after a meal.

Dr. Michelle Perro:

Thank you for that point. You won't use it as an enzyme to break down, if you want to use it as a digestive enzyme, well, I guess you could do that.

Dr. Joseph Mercola:

It's an expensive digestive enzyme.

Dr. Michelle Perro:

It's expensive therapy, but yes, all enzyme therapy, if you're looking for the clotting aspect, it should be away from meals.

Dr. Joseph Mercola:

You and I are both familiar with it, but a lot of people watching this may not be.

Dr. Michelle Perro:

Absolutely.

Dr. Joseph Mercola:

I hate to see them do the right thing and then not implement it properly, because the devil is in the details.

Dr. Michelle Perro:

Well, there are supplements and then there's timing of supplements, because not all supplements you have to know – I just posted this article on Facebook, “When to Time Supplements.” And I think it was from The Epoch Times that I got that article, I said, "This is great." Because, really, it was a nice review on the timing, it's not just what you take it's when you take it, and with what you take it. Like ivermectin is more effective taken with a fatty meal, so it improves the absorption of ivermectin. So, I'll tell parents how to do that, take it with a meal or away from food. You're absolutely correct.

Dr. Joseph Mercola:

So on the lumbrokinase were there are other strategies used for your spike-itis, exposure to the spike protein from a friend who was jabbed and how long did it take you to recover?

Dr. Michelle Perro:

So, I speak from my own personal experience because I developed immediate vertigo, almost immediately after meeting a friend who had just gotten a booster, and I didn't know it. I would’ve avoided her like the plague if I had known, I didn't know, and we were together. I got hit, I said, "Uh-oh." I knew this was nothing normal, I could tell immediately.

So, I started myself on ivermectin. I took pine needle tea leaf and I could talk about that, I did a lot of curcumin. Well, I treated all those different aspects, the NAC (N-acetylcysteine), I took the zinc, quercetin, and I took the lumbokinase, and I think lots of NAC, and I think I took some zeolite also, and I could talk about that. And then I do other things, I'm very focused on food is medicine, garlic and ginger and lots of turmeric, curcumin.

Dr. Michelle Perro:

I do tons of curcumin with black pepper and fat of course and I took homeopathics.

Dr. Mercola:

Yeah.

Dr. Michell Perro:

So I did a very complicated regime myself. Why? Because I knew what happened to me, I'm an experienced clinician and also I didn't trust the etiology of the derivation of this virus, and this spike being a bioweapon and having experience treating Lyme, which is a bio weapon. So having seen the results of bioweapon medicine when they become pathogenic vectors what we've been having – I haven't had experience with that, I really didn't want this to settle in my body.

Dr. Joseph Mercola:

Okay. So two points on that, it sounds like you're not integrating nebulized hydrogen peroxide therapy into your protocol.

Dr. Michelle Perro:

Actually, I am.

Dr. Joseph Mercola:

Oh, you just didn't mention it. Okay.

Dr. Michelle Perro:

Okay. Well, so I read Dr. Levy's book, Dr. Levy's great, Thomas Levy on – his book says it all on how to do, I'm a big fan of nebulized hydro peroxide. The 3% solution, I diluted one-to-one with saline and parents get these little handheld mesh nebulizers, I think they're about 25 bucks, you can buy them and I had them do that as well. But during COVID I had parents doing all kinds of rinses with peroxide and iodine or [crosstalk 00:45:47]-

Dr. Joseph Mercola:

Well, good.

Dr. Michelle Perro:

... and all kinds of things to eliminate the virus because it enters through your face. So it's right here, it's entering, so elimination it's what I did for strep throat.

Dr. Michelle Perro:

So there is about five different cocktails you can use for elimination of virus, but hydro peroxide is a favorite. And if parents could get nebulized glutathione, I've done that also. I've done that mostly in adults with nebulized glutathione. And I don't give kids a lot of glutathione because it tastes terrible and it doesn't last very long. So I use a lot of NAC, I give NAC out like water now. And we know that it's powerful because the FDA (Food and Drug Administration) tried to take it off our prescribing list.

Dr. Joseph Mercola:

That's right.

Dr. Michelle Perro:

Look to who they censor and what they censor.

Dr. Joseph Mercola:

That's for sure. So are there any particular homeopathics, as a practicing homeopath that's your expertise, so have you found any remedies that seem to work particularly well?

Dr. Michelle Perro:

Well, it's harder with homeopathy because homeopathy is so individualized. But having said that, yes, it gets complicated because you need to work with a prescriber of this kind of medicine. I use my go-to, our German biologic medicine, it's called homotoxicology or bioregulatory medicine. And they have this great liver, lymph, kidney detox that I bring in while I'm doing it, and I use these detox, especially for lymph because you want to move lymphatics, and so I use these detoxes. You can use these homeopathics derived from various COVID, both vaccine and organisms. But I'm kind of low to go into it because you really need to be working with the homeopath-

Dr. Mercola:

Sure.

Dr. Michelle Perro:

-and discuss it. I wouldn't recommend people do it on their own without the guidance of an experience homeopath. But there are lots of remedies and there are lots of remedies for the symptoms of COVID by the way, lots of homeopathics remedies for the aches, the fevers, any breathing issues, this is what we do in homeopathy, so we have [a] big toolbox.

Dr. Joseph Mercola:

Great. So I'm curious, you had mentioned the strategies that you used is a bioweapon strategy, because you had previous experience with bioweapons aside from COVID, and that was referring to the Lyme. So I'm wondering if you could expand on that. I'm assuming it's related to the story or the history of Lyme being linked back to Plum Island.

Dr. Michelle Perro:

Yeah. Why shouldn't we be able to treat Lyme, it's a chronic infection, it's spirochetes, syphilitic-like organism, and I found that most the kids are treated with Lyme and parents. I treated adults too, half of my practice at the time was adults, when I did more Lyme treatment than I do now, they never really cleared, not a 100%, but that's a long story, but maybe 90%, never a 100%. And also parts of their immune system got knocked out, which I find that there are similarities with COVID that there was a distinct part.

They look a lot like HIV (human immunodeficiency virus) patients, many of the patients with chronic tick-borne infection. And when I went back and reread a few books about Lyme, one was "Bitten" by Kris Newby and one was called Lab 257, and about what happened in Plum Island and the experimentation, it's not a surprise to me – Judy Mikovits talks about this, we've been doing bioweapon experiments, what? Eight decades? At least maybe more.

Dr. Michelle Perro:

So this idea we weaponize ticks and that's why they're so hard to treat. And when we understand that I believe that Dr. Burgdorfer, as per the work of Dr. Kris Newby, she's a scientific journalist. And this is where I learned about it, that he had disclosed that there were some organisms that may have been in those ticks that he didn't reveal, a rickettsia-like organism that maybe he perhaps created. So I think that may be part parcel why tick-borne infections are so hard to treat because we don't know what we're dealing with, and they're designed to kind of make you immuno-incompetent.

Dr. Michelle Perro:

And so we have to get back to creating a robust immune system to manage the organisms, but we're not only treating the organism, we're treating the terrain. It's like Pasteur versus Béchamp, it's organism versus terrain, I believe it's both. So we have to heal the terrain, treat the organism and remove the intoxicants, especially the immunotoxicants that interfere with immunologic health, and so that's what I focus on.

Dr. Joseph Mercola:

So I was happy to hear of your fondness for Dr. Levy's book on oxidative therapies. I'm wondering if you've used other oxidative therapies for the treatment of Lyme, specifically ozone.

Dr. Michelle Perro:

I've used ozone. Absolutely. Not so much in kids as much because – oh, that's not true, a couple of kids, I've used an adult using take home tanks. I've used HBOT, which is hyperbaric oxygen, both in Lyme and as a therapy for autism, very effective. So these types of therapies, look, people with chronic leg ulcers and in chronic infections do well with HBOT. Why wouldn't we think that chronic Lyme or other disorders would do well with hyper oxygenation therapy and ozone therapy? So yes, I think it works, I have an ozone machine upstairs myself somewhere.

Dr. Joseph Mercola:

I'm not surprised it seems like you've got all the novel therapies. That's great.

Dr. Michelle Perro:

I'm sitting on my infrared pad right now.

Dr. Joseph Mercola:

I was going to talk about that next, read my mind.

Dr. Michelle Perro:

Yeah. I'm a believer. I practice what I preach, Dr. Mercola.

Dr. Joseph Mercola:

Yeah. Well, you don't have to, but it helps and it makes you more believable, too. And why not? It's just crazy, we know these approaches work and we are living very fragile envelopes, it doesn't take much to take us out. So it seems crazy not to implement everything you know to

optimize your health. But one of the things I'm really fascinated with especially recently is infrared, primarily because and you may not be aware of this, most clinicians are not, because it's relatively new findings. Russel Reiter, Ph.D., is a huge investigator for melatonin for as long as you've been practicing pediatrics or more, has brought this to light that most of the melatonin produced in your body is in your mitochondria, 95%, it's not in your pineal gland, it's in your mitochondria, and typically as a result of exposure of your skin to infrared radiation.

Dr. Joseph Mercola:

So why is it so important? Well, you talked about using glutathione nebulized to some patients. But melatonin, actually, one of the things it does is it increases glutathione levels, it itself is a directly highly effective neutralizing antioxidant, but it catalyzes the production of glutathione. One of the most, certainly the least expensive way for infrared is sun exposure. And you live in Northern California, so most of the year you can do that. And what I've learned is that, yes, vitamin D is helpful, I've been studying that for decades and promoting it. But what I've come to realize is that swallowing is not really a good strategy.

Dr. Joseph Mercola:

If you don't have any other choice it's the best option, but you really need to get it from the sun. Because when you get it from the sun you're not only getting vitamin D, but you're getting infrared and you're upregulating all the magic benefits of melatonin in your mitochondria, which is extraordinary and it's free, doesn't cost you a penny.

Dr. Michelle Perro:

I agree it's like taking a supplement over eating the food, it's not the same. I also recommend sun exposure for kids, to stop the sunblock. Or when kids start to burn, can we employ a modicum of common sense? Yes, vitamin D exposure, there's more than just taking a vitamin D2 supplement. And also you need to make sure you take the right vitamin D and make sure you take it with K2 because you'll increase your calcium, it's not all benign. But there was little trick I've learned because I take care of children, so they also make vitamin D oil, correct.

Dr. Michelle Perro:

And so of course it's with the K2, so I don't want to create issues with calcium. I put it on the child's skin because remember your skin is a great absorptive surface. So I want to avoid going through first pass digestion, I'll apply things on children topically. Especially homeopathy, works great topically and also a lot of the liposomals work great topically, especially if you put it on an oil base on the child's skin.

Dr. Joseph Mercola:

Yeah. It's a good strategy, that's the way we get vitamin D anyway, typically it's through the skin, typically with UVB activating 7-dehydrocholesterol to convert it to vitamin D, but it's a good strategy, so glad you're a fan of that. It seems that's one of the primary reasons, factors that contribute to our epidemic of chronic illness. And you mentioned the caution about sunburn, but it seems to me there's pretty strong evidence that most of the sunburn, yes it's activated by excessive sun exposure.

But if you had the excessive sun exposure and you didn't have a diet high in seed oils, high linoleic acid, maybe 20% of the fat in your body linoleic acid, then you wouldn't have anything to oxidize in your skin to cause the burn or the cancer. So, really, a very low, virtually zero seed oil diet and low linoleic acid in general is probably one of the best ways to prevent sunburn and prevent chronic degenerative diseases, including heart disease and cancer.

Dr. Michelle Perro:

And upping your ascorbic acid also, not enough of ascorbic acid in kids' diets, I recommend that too to offset burning as well.

Dr. Joseph Mercola:

But you got to be careful with the ascorbic acid as a supplement because it's obviously a synthetic chemical. I think it has great value, especially in things like COVID, in septic shock, geez, it could save meant so many people's lives. But chronically, I think you're much better off taking whole food vitamin C because your primary reason is it's not going to deplete copper, whereas ascorbic acid could, it's more like a drug than it is a vitamin, I think you really need to get it.

Dr. Joseph Mercola:

And the best, my favorite, you could probably grow them in California, it's this tree called Barbados tree, which is acerola cherries. And today, as I spoke, we just harvested our first gallon of acerola cherries, which is like, "Oh." For eight months of the year we get them, I had a half a gallon this morning, I probably got over 10 grams of vitamin C.

Dr. Michelle Perro:

Well, this goes back to this “food is medicine” concept, so I know we're kind of all over the place here-

Dr. Joseph Mercola:

No, no, it's important, that's what it is, it's a whole-

Dr. Michelle Perro:

And I would have to do a plug here, a shameless plug for a new nonprofit that I'm forming with a group of folks, really smart folks called Regeneration Health International, we're part of a sister organization of Regeneration International.

Dr. Joseph Mercola:

Is that with Ronnie Cummins?

Dr. Michelle Perro:

Yes.

Dr. Joseph Mercola:

Yeah. Yeah. We helped form that.

Dr. Michelle Perro:

That is a brilliant organization focus on regenerative agriculture, but were creating the health aspect of it, focus on food as medicine. And André Leu will be contributing, and Stephanie Seneff will be contributing, and I'll be doing a lot of it as well. And now we're trying to give people, eaters, parents, the way back, to get off the defensive anti-narrative, which I've never been a fan of, back to supporting positive, forward-thinking solutions on how we do this. And the first step back is food is medicine.

Dr. Michelle Perro:

We have to get these techno foods, industrialized food-like products out of our diets, give children real organic foods and herbs. Please do not negate the herb closet that you can grow on your window sill in any apartment, easy-to-grow herbs, and that's what we have to get back to. And there's this movement going back to the food movement, the Slow Food movement. And this is what we're promoting, what I've been working on. Farm to table, farm to clinic, farm to hospital, farm to family, that this is where our medicine chest is. So I don't want to give any supplement if a family's not eating organic, nutrient-dense, whole food, plant-enriched diet, period.

Dr. Joseph Mercola:

Well, and just to modify that by seed oil-free diet, obviously.

Dr. Michelle Perro:

And seed oil free. Soaking raw nuts are just full of nutrients, assuming kids can tolerate them. And I don't see a kid these days that doesn't have evidence of chronic gut inflammation, leaky gut, and dysbiosis and balanced microbiome, almost all the kids have it now, they're all overregulated, so we have to fix that and get back on track.

Dr. Joseph Mercola:

It would be interesting to your take on this because it seems like they are destroying future generations, I suspect it's been planned, this isn't an accident, this isn't an artifact of greedy behavior, this is intentional. So that's my belief and I'm wondering what your view is because you're in the trenches, you're seeing this and you've seen over the last four decades, this gradual decline in every generation, it goes down and further down. They've jabbed at least a 100 million people is my guess, maybe more, it's hard to say because no one's giving accurate statistics.

Dr. Joseph Mercola:

And how could you, when you got drive-through jab centers that they're not even keeping good records, so what's your impression? If you just look, as a biomarker, the rate of autism, when you and I first started practicing, it was 1 in 10,000, 1 in 10,000, now it's like 1 in 30. And that's just a mark of a massive decline we've seen in the health of all these generations, since you and I have been practicing, what's your take?

Dr. Michelle Perro:

Well, I clearly saw the links between the change in our food and neurocognitive health in children, that was clear right away and we've been screaming about it, Stephanie Seneff's been, we've all been screaming about it. And yet there was a landmark paper came out two years ago, 2019 that showed how glyphosate caused autism by epoxide hydrolase, this paper came out. And I said, "Okay, here it is folks. We know how these herbicides, these ubiquitous herbicides cause autism, we just got to get rid of it and the autism pandemic will be over," and not a peep.

So, I unfortunately believe also that this is a “plandemic,” and that children are just pawns to be sacrificed as well, they don't have much value in our American society. I've felt that for a long time now, that children are not valued and I do believe that unfortunately, and that is why I wrote last year, the Children's Environmental Health Bill of Rights.

Dr. Michelle Perro:

I feel that our children are under assault, and whether you want to postulate WEF (World Economic Forum), greed, technocracy takeover, whatever positions you want to postulate, I could probably wrap around most of them is I believe that children are assaulted via food, lack thereof organics, air, unclean water, subjugated to medical therapies, electronic waste and this is has to be a global organization to protect our children.

Our kids are sick, we can document it, chronic disease is rampant. When I wrote the book it was about 54% of kids, I think it's like 63% of children now have a chronic disease. If that doesn't shock people then nothing will, and then I have to concur with you Dr. Mercola, that we are not giving a rat’s tushy about the welfare of our children.

Dr. Joseph Mercola:

Yeah. Which is sad because it's so obvious, that's the future of the world is the kids, and that's why this is such a devastating course that we've taken. We collectively, obviously not you and I, but the world seems to have adopted. We're getting close to the end, what are your recommendations to counter this course of events and how can we make a difference?

Dr. Michelle Perro:

Thank you. I'm so Dr. Doom and Gloom on this interview, but clearly I am a positive kind of a gal, solutions-based, even though I'm not sure that's what it sounded like. But how we move forward, recognition of the problem is step one, step two is parents have to remove the patriarchy, matriarchy systems that have taken over their families and regain their own control of their own families, and so promoting that. And that begins with what we discussed food is medicine, home cooking, getting back to those basics.

Dr. Michelle Perro:

Teaching people how to grow food, seed acquisition, all that, absolutely. Teaching people how to use, dare I say, homeopathy at home. Homeopathy is a great tool, it's affordable, it's effective, kids like it, they're sugar pills, let's get real folks. So we give people toolboxes of how to care for their own health and get them out of this, gosh, infantalized system where people feel they have to run to the physician for every bruise, cut and boo-boo, "Quick, call the pediatrician," not so.

Dr. Michelle Perro:

Parents have lost that ability and we have to regain it, we had it, we get it back. You think about when we were kids, how often did you go to the doctor? Like once. I think I went once as a child, our parents had some knowledge, so we do that. And also that I am also of the belief now and I say this very gingerly, is to create paradigm systems and parallel structures, and I didn't invent that, that was from Dr. Desmet. And so we keep up our persistence in what we're doing. People like you Dr. Mercola, super courageous, speaking the truth, you're so well-read, I read all your stuff, that we keep speaking our truth in a way that is science-based.

Dr. Michelle Perro:

Everything I've said today when it's science-based I say it, and when it's anecdote and from my patient experience, I'll say that. When I talk about the lumbrokinase, so much of that is anecdotal from my "clinical experience." We keep bringing our truth forward and we're consistent, we network in large groups, we stay unified and we head to the truth. Because I do believe here's my idealistic pediatrician self, that truth prevails. And so I am heading to the light, hopefully, my pineal is not over fluoresced-

Dr. Joseph Mercola:

Or calcified.

Dr. Michelle Perro:

It's not calcified. I'm heading to the truth as always, that's my goal. I fall off a few times, but that's where I'm going, and invite the community to come along, and that we can be better and we can create better. So I hope we can create healthier and better, that's what I'm working on, and that's what I truly believe from my heart, that's where we go.

Dr. Joseph Mercola:

Sounds great. So if people want to find more about what you do or join what you're advocating what do they do?

Dr. Michelle Perro:

They can go to DrMichellePerro.com, that's my website. Please check out GMOScience.org, that's my nonprofit that we co-founded in 2014. I'm still on the GMO science, gene-editing bandwagon, I'll be on that until I become compost. Stay tuned for a launch coming up in the next month or two of RegenerationHealthInternational.bio that will be coming up shortly, just stay involved there. And in 2023, “Making Our Children Well” should be published, which will be my next book.

Dr. Joseph Mercola:

Oh great. You're a rare bird. You indeed truly are a pediatrician who's so passionate about this, it's a massive anomaly. So thank you for everything you've been doing for staying in there and fighting the fight, and giving people the truth about how to take control of their health.

Dr. Michelle Perro:

Thank you Dr. Mercola, appreciate it and love what you do.