

2026-04-04 - Club Grubbery - Professor Ian Brighthope Verses Norman Swan

Graham Hood: [00:00:00] Hi everyone. Welcome to another club, grubby, and it's a really good one today because Johnny, we are welcoming back, professor Ian Bright Hope after a, a stint of, uh, of ill health. Happy to say he's looking fitter and brighter than ever and it's great to have you back on. Ian.

Professor Ian Brighthope: Thanks, Woody. Thanks John.

Professor Ian Brighthope: It's great to be back on and, uh, I'll do my best. Um, recovering from a, uh, a heart attack, uh, is, um, especially after, um, all the stress you get, you go under is, uh, is a bit of a, um, a bit of a challenge, but I'm doing really well.

Graham Hood: A bit of a challenge, and yes, indeed, there's no shortage of stress, so, uh, uh, we can all sort of dip our toe [00:01:00] in that water.

Graham Hood: But Ian, um, I, I touched bases with you about three weeks ago because, uh, one of our, uh, one of our viewers sent me a clip, an audio clip of, uh, an interview that took place, I think at 6:00 PM No, it was a BC, uh, Perth Radio, a BC radio, Perth with the, uh, the Redoubtable, uh, Dr. Norman Swan. And they did a 15 minute segment on, um, basically shooting down vitamin C saying that it was, uh, they made, they made several negative claims about vitamin C.

Graham Hood: And uh, I could just see your face g grimacing all the way through that. I sent you that clip. Um, and we, we know from talking to you before that Dr. Norman Swan, uh, is your arch nemesis, uh, because you've been at loggerheads with him for many years. But I want to back up the things you say, because firstly, a couple of things.

Graham Hood: You worked extensively with, uh, Tony Abbott when he was Minister for Health. [00:02:00] You were, uh, instrumental in guiding him towards the process of looking at real health outcomes in Australia through integrative medicine. Uh, and you work with, um, with vitamin in, in particular, vitamin C has been renowned. Uh, your successes, your runs on the board speak for themselves.

Graham Hood: I know that personally. I have felt the benefits myself and I've also seen, I've seen lives saved, uh, several lives saved because of your interventions, especially with intravenous vitamin C. So I was incensed when I heard Norman Swan because for me it's just another. Replay of the same old narrative that is, has got nothing to do with health and more to do with disease management and controlling people, uh, through, through various initiatives with, uh, health, health bureaucracies, the media and pharmaceutical companies.

Graham Hood: Um, so we wanna unpack that with you. Uh, firstly, your take [00:03:00] on what you heard, uh, from Norman Swan.

Professor Ian Brighthope: My, my take, uh, Hodi was a, a re revealing example how, uh, the establishment mental com community can appear authoritative, uh, while narrowing, uh, trivializing, uh, and selectively frameworking a very serious, uh, subject, very serious scientific subject.

Professor Ian Brighthope: Uh, and he thoroughly trivi, trivialized the entire, uh, history of, uh, vitamin C. He, he, he brought down vitamin C as if it was, uh, a non-entity and it was dangerous. Um, and he's, he is really a part of the establishment that has been created, was created by the Rockefellers way back in the 1920s when. The Rockefeller oil industry decided that they would change and [00:04:00] control the entire face of medicine.

Professor Ian Brighthope: Uh, and they basically brought into and destroyed all of the herbal medicine, uh, uh, training centers and the homeopathic training centers in the us. Uh, and it was, um. A serious move to ensure that anything derived from petroleum, uh, because that's where they made their money, uh, was uh, um, patentable.

Professor Ian Brighthope: Profitable and the entire control of healthcare system has, has been a part of, um, the, the Rockefeller's ideas of how we should be treated. And so all of the things, including the dieticians, the herbal medicine, uh, homeopathic medicines, all the things that worked extremely well, and I might, I might say, um, some of the.

Professor Ian Brighthope: Better drugs that we consume now [00:05:00] are, are still derived from, uh, natural molecules, natural occurring molecules, but that they did so much damage that everything was subsumed to patentable medicines and, um, that as a result, vitamin C became entrapped in this, in this whole, uh, issue of, well. It's a naturally occurring substance.

Professor Ian Brighthope: It doesn't make us any money. It's not profitable, so we're going to can it. And they thought that they could destroy it completely. When, um, the advent of, uh, antibiotics came uh, forward, um, they thought, uh, vitamin and C will will be finished. And that's it. However, there was, there's always a few people who think.

Professor Ian Brighthope: Clearly think critically, think laterally, uh, and um, do things that are not a part of establishment. And this is where I take my hat off to, uh, Erman Stone and a few others who wrote books about vitamin C and how uh, it had [00:06:00] huge potential. So Norman and Norman Swan, uh, comes in after 60, 70 years of the use of vitamin C and still bangs it.

Professor Ian Brighthope: He bags it because he's got nothing better to do than, um, criticize something that's most useful in terms of human biology and human resources and human survival. You, you, you mentioned you've seen patients survive on, uh, with, with vitamin C and people, um, beating cancers and so forth. Uh, it works. It, it, it, it is.

Professor Ian Brighthope: A miracle molecule if there is a miracle molecule because it doesn't just work on the immune system and kill cancers and, and, and, and help with infections. But it also works on the, on the nervous system, on the brain, on every system in the body. Yeah. And if, if you're can imagine, [00:07:00] uh, a molecule doing that, uh, then it's a real threat to western medicine.

Professor Ian Brighthope: It's a real threat to establishing medicine.

Graham Hood: Yeah. Profess Professor Ian, I, I want to underscore the things you are going to say with a, with a bit of a, an observation that I have made personally. Um, the, I have, I just want, I just want people to understand that you, you have a very broad approach, uh, to healing and to health, uh, that encompasses integrative styles of medicine in that you can, you believe strongly that you can complement.

Graham Hood: Um, the, uh, the main, some of the mainstream medical procedures with the procedures that you espouse. And, and one example of that is when I put you in touch with a friend of mine who was a young woman who had, uh, acute myeloid leukemia. And, uh, I, I, I remember calling you and saying, look, uh, I've got this very dear friend of ours.

Graham Hood: She's only [00:08:00] 23, a mother of two. She's been diagnosed with acute myeloid leukemia. Um, what, you know, what, what

advice can I give her? And you said, well, alright, well let's, let's look at how we can prepare and, and, and start the healing process up with some good integrative, uh, medicine, some good, uh, some, some vitamin C treatments and various other things.

Graham Hood: And you said it would help if I could see, uh, her blood results and other information that she had, uh, from the hospital, which I arranged for you to get. And when you saw how serious her condition was, your response to me was, oh, crikey, hoodie. We've gotta get this girl onto chemo straight away. So you are not averse, you are not averse to some of the standard medical practices that are around today.

Graham Hood: You said this girl needs chemo. We've gotta knock this on the head. Our, our total approach to this then will be how we restore her immune system and help her to live a happy life. Now, [00:09:00] luckily, and not luckily, thankfully, she and, uh, her family gathered around the process with the vitamin C and the other treatments you, uh, you prescribed.

Graham Hood: She went through the chemo, she had a 20% survival rate, uh, chance of survival, and she is now living an extremely healthy life. Even the doctors at the hospital that were treating her with the chemo said her recovery was miraculous, absolutely miraculous. Uh, we can only be grateful that she was disciplined enough to make sure that she was able to compliment what they were doing with your procedures and it brought about outcomes.

Graham Hood: And that's not the only case I've seen. So I want anyone out there who's thinking that you, you're just, you're just shooting with one barrel, uh, to know for a fact that that's not how you operate. You operate in a holistic. Integrative style to bring all the, all the best outcomes together with what is available.

Graham Hood: And that's what [00:10:00] Norman Swan seems to, uh, can't seem to come to terms with

Professor Ian Brighthope: Yes. Hoodie. I mean, uh, she was, uh, very, very seriously ill, uh, young lady and uh, you know, I won't go into the theories behind why she was seriously ill. But she, she did need the chemotherapy, I believed, and that's why I recommended that plus the vitamin C plus the other things, uh, if she hadn't had the vitamin C, the chemotherapy, um, probably would have, um, uh.

Professor Ian Brighthope: Worked for a short period of time, and then she'd have more and more. And, you know, the, the risks are, are, are, are so high. And we see this with all pa patients, with, with, uh, leukemias and cancers that they do better and they do far better. And we've known that since Pauling and Cameron did their their studies way back in the 1960s.

Professor Ian Brighthope: Um, you know, in the, in the vale of hospital, you and Cameron [00:11:00] and Linus Pauling, uh, did a study. Using 10 grams of vitamin C intravenously in seriously ill patients. And they showed that these patients lived longer and healthier lives than those who didn't receive the vitamin C.

Graham Hood: So yeah, John. John and I also toured with Angus style GL and Professor Paul Merrick.

Graham Hood: And Paul Merrick is considered by most doctors around the world, is the best critical care specialist on the planet, and he endorsed all your methods. He himself takes large quantities of vitamin C, incredibly large quantities of vitamin C as does Professor Ansel GL leading oncologist from St. George's teaching hospital in London.

Graham Hood: John, we heard them talking about it. They were, they were talking about it in public and they were talking about it to us over dinner. Mm-hmm. So when you get credibility like that, uh, and you put that with almost 50 years of experience, I'm, I'm not, I'm trying not to overstate this stuff, but I want people to see.

Graham Hood: That some might label you a [00:12:00] quack, but in actual fact, any doctor who doesn't examine these theories, not theories, these, these, uh, treatments and applies them, uh, are they really acting in the best interest of their patients? If they don't know, well, they don't know, but people like Norman Swan are not helping doctors to understand these new proce, not new procedures, but healthy procedures.

Professor Ian Brighthope: Yeah, he, he, he says that there's, there's no evidence. Well, the evidence is almost, is almost overwhelming huy that the number of studies being done now and conducted, it's just not a matter of whether, whether it works or not. The studies that are being done are determine how much of a, of a dose you give.

Professor Ian Brighthope: Excuse me. The, the, uh, schedules, um, the protocols, the, the com combination of chemotherapy and vitamin C, the

combination of vitamin C and other nutrients. Uh, the combination, you know, it is so important that we, we view health as being a total thing. Uh, it's, it's not [00:13:00] just the vitamin C for this young girl.

Professor Ian Brighthope: The, the support that she got from you and her family were just as important. Mm-hmm. Because. We are not an island, we are not, um, a single. Unit that requires just one disease and one, one treatment. The whole co concept of vitamin C and to total, um, integrative medicine revolves around the totality of the patient, the environment in which we live, the chemicals that we're exposed to, the, the positive, uh, relationships we've got with people.

Professor Ian Brighthope: The negative relationships we've got with people. The, the entire health system has been. Geared as I, as I said, towards pharmaceutical medicine and one disease, one drug. And, and that's the outcome. It's, it's why the entire healthcare system has failed hoodie. And this, this is why I'm promoting, uh, an integrative, uh, [00:14:00] system whereby we integrate the best of western medicine, eastern medicine, herbal medicine, homeopathic medicine, integrative medicine.

Professor Ian Brighthope: We integrate the entire lot. Uh, within a system that helps people to recover from an illness and stops people from getting sick. And the reason vitamin C is continually. Attacked by people like Norman Swan is because it's so powerful. It's so profound in his actions. Uh, and he, he does a massive dis justice to not only vitamin C but to himself and the A, B, C, I mean, it's a national broadcaster who is broadcasting this rubbish, um, about vitamin C.

Professor Ian Brighthope: They should be actually promoting it. As an agent for the entire global human community.

John Larter: Mm-hmm. What, what was the moment Ian, uh, in, in your career where you, you had that, uh, [00:15:00] moment where you just thought, geez, vitamin C's, uh, you know, got something to offer?

Professor Ian Brighthope: Well, there were a couple of moments, uh, Jo John.

Professor Ian Brighthope: Um, the, uh, one moment was when, um. Uh, a, a patient came in and he said, you've been giving intravenous vitamin C. Uh, to patients and, um, you, you're getting, uh, results. And I said, yes, John, I, I certainly am getting results. It was for acute respiratory viral infections. Uh, and

people would come in, they'd have the flu, they'd get an iv, uh, and within a couple of hours they feel feeling better.

Professor Ian Brighthope: And they had a serious flu. Uh, this guy came in, his name was John. You like yourself. Uh, he was a chiropractor and he had bowel cancer. And he told me that, um, his, uh, surgeon had said, uh, my bowel, uh, because his stool wasn't forming very well, uh, my bowel is going to obstruct within the next [00:16:00] two weeks, uh, or so.

Professor Ian Brighthope: And, uh, he said that the only thing for you is surgery. John was in his early seventies. He said, I don't want to have surgery. I, I believe in vitamin C. And I said, where do you get this from? He said, oh, from Pauling And, and so on. So I did a bit more research on what Pauling had done. I said, okay. So I, I started giving him, um, uh, a few grams intravenously.

Professor Ian Brighthope: And, uh, he came back every day and he said, I want it doubled. So, so. I'm shaking. Uh, we get to, we get to 20 grams and you know, I'm thinking, gee, you know, I haven't given 20 grams before. And he said, I want to double. Uh, and I said, well, I'll go up to 25 and 30. And we got up to about 50 or 60 grams of vitamin C with John and he didn't obstruct.

Professor Ian Brighthope: He came in, uh, about four weeks after we started. He said, I'm feeling terrific. Uh, my bowel [00:17:00] action is, is now forming well and. I want to continue. So we continued and we continued for a number of years and he never obstructed, he passed away around about the age of 77 or 78. Um, but it wasn't from the cancer.

Professor Ian Brighthope: So this was a very significant lesson for me in the early stages. So I started treating cancer patients and because he felt great, uh, I started treating patients with mental disorders. Psychiatric disorders. In fact, I started giving talks to, um, groups about what I was doing, and I ended up with a practice full of psychiatric patients.

Professor Ian Brighthope: Well, it wasn't quite like that, but you know, there was a, there was a, a, a, a big following in, in terms of psychiatric illness. So it works on the brain. It works. As I said, on every cell and system in the body, and, and it's got very well documented mechanisms of action in, in terms of both cancer, where it stimulates apoptosis and the killing [00:18:00] of cancer cells and the, the effects on the genes on the DNA.

Professor Ian Brighthope: But it also has a, a profound effect on cell membranes. On every mo, every, um, molecule inside our cells is affected by

vitamin C. And, um, it, it is, it is the universal, um, panacea, if I, if I can say it, it's a panacea. Uh, it's not really a panacea, but it, it appears that it, it will be in the right circumstances, a lifesaver for those who've got much as much life in their system.

Professor Ian Brighthope: So. It brings me back to my whole practice changed very much, and I opened up another practice and I opened up three practices. We had four in total where we were giving intravenous nutrients to, to patients for many, many years. And I, I must say, I delivered, um, uh, tens of thousands of, uh, IV score base to, you know, um, thousands of patients, you know, five, 6,000 patients over a period of, uh, 10 years.[00:19:00]

Professor Ian Brighthope: They did more than that, but that was where I kept my records. And, um, there was never, ever a kidney stone form. There was never, ever, and that was because patients were treated with magnesium and vitamin B six and a range of other nutrients as well. This is a holistic approach to, to healthcare, not just simply giving vitamin C for, but for, for flu or common cold or a, or a cancer patient.

Professor Ian Brighthope: So it, it opened up my mind. I started, um, teaching vitamin C treatment in, at the, at, in 1982. Uh, and kept, uh, basically going for, uh, 26, well, nearly 30 years, um, and still going at it as you know now. Mm-hmm. Um, I think every, uh, doctor. Should take notice of some of the, um, YouTubes that have been put up about vitamin C and getting people off incubators, um, [00:20:00] ventilators.

Professor Ian Brighthope: Um, and the, the, the effects of vitamin C are incredible when it's used properly

John Larter: Well, and I think that's important because, uh, as he alluded to earlier, Dr. Paul Marck is probably one of the most revered, uh, intensivists in, in the world, uh, critical care doctors. And he. He really, uh, spoke the virtues of, uh, IV vitamin C when people were in a very, uh, bad condition in, in his intensive cares.

Professor Ian Brighthope: Yeah. Yeah. The, uh, I mean, Angus, uh, DeLee is, uh, a, a brilliant oncologist. Uh, he's, he had, um. Various positions during his career. And I mean, he just recently, uh, today sent me a, uh, a clip of him defending another doctor in Ireland. Uh, and I mean, it's unbelievable that we are living in a system where we have all this knowledge and [00:21:00] information about nutrients.

Professor Ian Brighthope: Uh, and there's only a handful, say a handful, a small percentage of doctors in Ireland, Ireland in England, in in Australia. There's more in, in the, in the US now, uh, thank goodness of, of, of doctors who are open to this form of, um, care. We, we really need to encourage more of it. Uh, John, it's just, um, we are going through a transitional stage now, I think, where.

Professor Ian Brighthope: In the pa, the three stages in, in the, the development and acceptance of a new science. You know, uh, and it, it's generational in terms of medicine, it's, it's a generational change. And I'm in a generation where I've, it was at the beginning of the discovery where. There's no evidence. It's all bs. It's all rubbish.

Professor Ian Brighthope: It's nonsense, and you shouldn't be doing it. We are at a stage now where there's a lot of research being done. This is the second stage. Well, well, there's evidence, but you know, it's not strong enough. Um, it's not powerful. Uh, and then the next [00:22:00] stage will be the next generation. We are, we knew about it all the time.

Professor Ian Brighthope: You know,

Graham Hood: it's a pity that didn't apply. The same stringency to mRNA introduction. As they do in discrediting vitamin C. Um, Ian, some of the things that Swan talked about, and I've heard other oncologists say it in particular, in the case with our friend. Who was getting the chemo that you better be careful with vitamin C because it, it negates or cancels out the benefits of the chemotherapy.

Graham Hood: What can you say about that?

Professor Ian Brighthope: Oh, that's, that's absolute, uh, nonsense hoodie. Um, I've written four substack papers on the use of vitamin C in cancer, generally on the use of vitamin C in, in radiotherapy and the use of vitamin C in chemotherapy and the use of vitamin C in surgery. So. There's no doubt, uh, that it actually augments the effects of these other therapies.

Professor Ian Brighthope: It does not interfere with it. I mean, I was told by a radiologist once that, uh, you'll, you'll reduce the effect of my radiotherapy. Well, there's no amount of vitamin C I can give [00:23:00] anybody. It's going to reduce the burning of radiotherapy. If radiotherapy is going to be burning somebody, uh, it may alleviate the pain, uh, uh, and so on, but it will not, uh, negate the effects.

Professor Ian Brighthope: In fact, the studies that have been done. I've got studies in front of me where, where even nor even, even the studies that Norman Swan was referring to, um, show that, uh, vitamin C augments the effects of Pacli PacTel in, in, in, uh, serious, uh, pancreatic cancers. You know, he mentions even these studies and, and, and courses over them.

Professor Ian Brighthope: Well, that's pancreatic cancer is a serious cancer, and if we can double the life expectancy. With vitamin C, then we get, we should be doing it. And we, it's been shown that we can small studies, but they are studies, uh, and the studies don't use the right doses. This is, this is another part of the the vitamin C problem he quotes.

Professor Ian Brighthope: Vitamin C and the common cold and influenza. Well, vitamin C in [00:24:00] the common cold, uh, two grams of vitamin C in the studies have shown to reduce the, uh, serious, uh, adverse, uh, uh, effects and severity of the common cold by 15%. Now, if you can reduce the seriousness of a, of a disease by 15%, you're gonna stop a lot of people getting sick.

Professor Ian Brighthope: You know, you gonna stop a lot of people going on and developing pneumonia and ending up in hospital and dying. Have you

Graham Hood: ever, have you ever debated the subject with him at all?

Professor Ian Brighthope: I've challenged him many times and he, he, he refuses to even answer my letters. I mean, I, I challenged him over COVID. Um, I wrote to him as well as the Prime Minister, as you know.

Professor Ian Brighthope: Uh, but I get no response coming back. And I know I gave the right, uh, email address. He just ignores everything that I say. And it's part of the course, um, part, part of the course for the establishment of people now to ignore, uh, any [00:25:00] information coming in from any source that is threat to the current system.

Professor Ian Brighthope: You know that with COVID, we know that with the vaccines, we know that with the mandates. Um, they, I mean, Albanese promised a Royal Commission. We got a, a white watch. Three conflicted individuals, at least two of them were conflicted and it was a whitewash. Um, the, the system is broken. The system of government is broken, and that's why I mentioned before, uh, I'm in favor of the secession of Western Australia from the rest of Australia because that would be the start of other, uh, states saying, okay, we've got to do the same.

Professor Ian Brighthope: We're going to secede from the Commonwealth. We are going to the commonwealth. Has not, um, given any wealth back to the commoners in Western Australia. Uh, and the blow bureaucracy in Canberra is just growing and growing and [00:26:00] growing and doing the wrong thing by all Australians. The only people that are benefiting of the bureaucrats and the politicians and the people, um, in the, uh, the so-called big, um, companies.

Professor Ian Brighthope: And, you know, we should have a sovereign fund in this country where it, we, we don't need to pay tax. Excuse me. When you look at the economics of, of the, um, sale of gas from the, um, Northwest shelf and, and, and other parts of Australia, we we're selling gas and buying it back at a massive price. Uh, and Australians don't deserve that.

Professor Ian Brighthope: We don't deserve the way we are being treated. And, and we need to, to claim back our so and our rights. But that, that's getting me off.

John Larter: You know, I go back to, to, uh, Norman Swan's, uh, position at the A, B, C. Uh, do you think it's. Tenable really, that, uh, I mean, we [00:27:00] obviously can't control what happens at Channel seven or Channel nine.

John Larter: They, they can, uh, they can pay whatever talking head they want to. Yeah. Uh, uh, but at the end of the day, this is the national broadcaster. I mean, do, do you think it's, uh, reasonable? I mean, they're supposed to be providing balanced arguments. I mean, but here we've got a bloke that's completely conflicted.

John Larter: I mean, it's like this Professor Robert boy, when we found out that, uh, you know, the. The, uh, the, the underbelly of payments from, uh, from the pharmaceutical companies. I mean, they're paid actors and, you know, this bloke is being held up by the national broadcaster going into the, uh, conservative, uh, you know, people's homes basically saying, well, everyone else is a lunatic except for me.

Professor Ian Brighthope: Um, I agree, John, the national broadcaster. Should be broadcasting in the best interests of all Australians.

John Larter: Mm-hmm.

Professor Ian Brighthope: Uh, and Norman Swan has not done that. And, uh, I, I, when, [00:28:00] when you asked me to, to do this, I wrote, uh, a, an article and if I could, if I could read it, um, that would be beneficial to everybody.

Professor Ian Brighthope: It's only Please do.

Graham Hood: Yeah.

Professor Ian Brighthope: Only a couple of paragraphs. Um.

Professor Ian Brighthope: Swan actually gave the public performance of an establishment condescension. He blurred categories that should have been carefully separated. He treated nutritional medicine as though it was inherently suspect. He reduced complex therapeutic field to a familiar medical caricature of supplement enthusiasts and kidney stones.

Professor Ian Brighthope: He gave the impression of certainty. Where the evidence is still developing and skepticism where the evidence is powerful. This is not a minor lapse. It's a dereliction of responsibility by publicly funded broadcasters, [00:29:00] medical commentator, swan's, remarks, risk discouraging patients, doctors and researchers from taking seriously an area of medicine.

Professor Ian Brighthope: That has real value when applied intelligently, selectively, and safely. By failing to distinguish ordinary dietary vitamin C oral supplementation and intravenous pharmacological ate, he deprived the public of the very nuance that competent medical journalism is supposed to provide. The accusation is therefore very, very serious.

Professor Ian Brighthope: Norman Swan did not simply offer a cautious interpretation of vitamin C. He presented a clinically narrow, rhetorically biased, and intellectually dismissive account that served more to protect Orthodox medical attitudes than to inform the public. Vitamin C does not need reckless evangelists, but nor does Australia need [00:30:00] medical commentators using the prestige of the A, B, C.

Professor Ian Brighthope: To belittle, distort, or prematurely dismiss a field of research that deserves rigorous, open and honest evaluation. They're my sincere beliefs in what the A, b, C should be doing, and Norman Swan needs at least a reprimand, um, from the A A BC. I dealt with it. He will receive it, but. Um, my position is that, and I'll never change it, it's, I mean, he, he, he, he, even belittled

Linus Pauley, the person who wrote a forward in my book, um, the AIDS fighters, the person who did the studies.

Professor Ian Brighthope: Vitamin [00:31:00] C.

Speaker 4: Mm-hmm.

Professor Ian Brighthope: You know, scientific American actually called Linus calling, um, one of the top 20 scientists of all time and, and swan brushes over Pauling as if he's a bit of a nuisance.

Graham Hood: What do you know about his own medical experience? Has he actually ever put a stethoscope to anybody's, uh, chest?

Professor Ian Brighthope: Uh, probably during his training hoodie, but I think he, he worked as a pediatrician for a year in a hospital.

Professor Ian Brighthope: I'm not sure exactly. Um, uh, he wanted to be an actor. Well, he's

Graham Hood: a very good actor.

Professor Ian Brighthope: Yes.

Speaker 4: But he achieved that.

Graham Hood: He achieved that.

Professor Ian Brighthope: His mother convinced him that he should do medicine first and have a degree behind him before he does anything else. So, uh, but I don't think he's really treated, uh, any seriously ill patients.

Professor Ian Brighthope: And, um, he, he, [00:32:00] he, uh, his most recent, um, sojo into, uh. Um, the public, um, broadcasting has been with, um, snails and snails, mucus. He's been talking about snails, mucus as being something for you, good for your skin. Um.

John Larter: Well, let's put, let's put the, uh, the call out to channel seven. Uh, here's your big opportunity, channel seven.

John Larter: I mean, here's a bloke that's, uh, you know, fit for purpose. He could be your next home and away doctor. Let's get him on there, Norman.

Graham Hood: That'd be great. What a great idea. I mean, he wants to be an actor and he can act at being a doctor. Well, he is already been acting at being a doctor for a long time. Um.

Graham Hood: Yeah, I, I'll never forget, you know, before, uh, while I was still working, before the, uh, drama, uh, driving to work every day and listening to his reports on COVID, his [00:33:00] podcast, um, trying to glean as much information as I could for any decision I was about to make. And I now look back on the hours I spent listening to him as a complete waste of time.

Graham Hood: Um, and, and so many other people have geared their, their, uh, their medical and their health future based on Norman Swan and the A, b, C. I mean, it's just, it's just laughable. Absolutely laughable.

Professor Ian Brighthope: Yeah.

John Larter: Well, the other thing is this bloke's employed by the government, essentially. I mean, he, we should be able to go somewhere and see what his conflicts are.

John Larter: Uh, is he being paid by anyone else? Uh, you know what, what's his status? A his background should be there. I mean, the, the A, b, C shouldn't be employing a bloke as a medi medical commentator. They should be going and getting views from the professionals, uh, in, in the community, and getting a positive and, and, and, and a negative for, for whatever story they're running.

John Larter: And let, let the people on balance make the decision. That's what journalism's [00:34:00] about. Uh, go out there and, and get both sides of the argument. Put it to the people.

Professor Ian Brighthope: Yeah, I agree. And I'm sure you'll find that there is a conflict.

John Larter: Mm, there we

Professor Ian Brighthope: go. Or number of conflicts. But I won't go into Absolutely. I don't want, I don't want this, I don't want your channel to be sued.

Professor Ian Brighthope: I.

Graham Hood: No. Well, there you go. Um,

John Larter: well, every other public entity, don't they? I mean, let's look at it. Barry O'Farrell, the premier in New South Wales, went over a bottle of wine. I, I mean, and, and here you've got people, uh, whether they be, uh, you know, in the medical fraternity or whatever that are, that are, uh, uh, pushing agendas, uh, uh, and we dunno the background of them.

Professor Ian Brighthope: Yeah, look, that's right. And the, the, the attacks, I'll come back to the attacks. He's made on myself. I won't go into those. Um, but that goes way back to the Peter Couchman days on, on television, um, where he was with a group of, uh, [00:35:00] um, doctors who are very antagonistic towards anything that I and some of the other people were doing, but the attacks on Linus Pauling, um, where he said, you know, Linus Pauling died from, uh, prostate cancer in 1990.

Professor Ian Brighthope: 1994, um, Pauling had a disease that was, he was diagnosed with in 1941, I think. Uh, he was 40 years of age, and it was called bright's disease. It was acute and severe. Glomerular nephritis. Pauling from then, or almost then onwards, was taking up to 18 grams of vitamin C every day. That's over 50 years.

Graham Hood: Mm-hmm.

Professor Ian Brighthope: And he died from cancer. And that's because he was taking vitamin C I mean, give me, give me a break. Tell me the truth about what's going on and, and, and, [00:36:00] and get your facts straight. It, um, uh, it's, it bewilders me to think that somebody could tell so many porkies. Mm.

Graham Hood: How would you be, uh, how would you, uh, would you be amenable to ha having a debate with him on club grubby?

Professor Ian Brighthope: Sure. Absolutely.

Graham Hood: What do you reckon our chances are, John?

John Larter: Well, well, I mean, we can only, we can only ask, uh, maybe we need a, uh, you know, a public demand for him to come on. Um, a bit like the, come on, Carl. Maybe we, we have Come on Normy.

Graham Hood: Yeah. Well come on. Carl works. Yeah.

Professor Ian Brighthope: Did, did you get Carl on?

Graham Hood: No. No, we haven't.

Graham Hood: Uh, we haven't, but we, we, we are, uh, claiming credit for encouraging him to come out of the wilderness.

John Larter: Well, good, good.

Graham Hood: Uh, with a Come on Carl campaign. No, he hasn't, he hasn't approached either one of us yet. Um, we're happy to have him on the program and, uh, we're also [00:37:00] happy to appear on his program. Uh, more than, more than happy to.

Graham Hood: Um, so anyway. That's neither here nor there. If it happens, it happens. If it doesn't, it doesn't. What can, what can we say? I mean, it's just, um, there's so much theater going on at the moment. It's not funny.

Professor Ian Brighthope: Mm. Yeah. I mean, uh, talking about theater, a lot of vitamin C is being given by these groups around Australia who are not medical, but um, sort of quasi medical, um, pseudo.

Professor Ian Brighthope: Um, medical, if you like, um, where you go in and you have the vitamin C with other things or a hangover or because you're feeling tired or, yeah, because you improve your skin. I mean, um, that wasn't my aim, but I mean, if those clinics are, are operating and working and people can go in and, and have their vitamin C then or it, it's, it's better than nothing.

Professor Ian Brighthope: Um, but, you know, people going into hospital, this is why I'm designed a, a system [00:38:00] whereby we've got hubs and people, um, like the clinics that I had instead of going into hospital, can go to the clinic every day and have the IV given. Uh, and it saves a lot of money, it saves a lot of heartache and, and people can stay at home.

Professor Ian Brighthope: Mm-hmm. Um, so it's, you know,

John Larter: well, well look again, I think too, there's a lot, lot of, uh, uh. Focus put on, uh, written papers and peer reviewed this and that. But look, at the end of the day, well, why can't we, you know, on balance, just say, well, is this working or not? I know if you, you know, as a doctor, if you've got a cohort of patients and you're doing something, you know what's working.

John Larter: I mean, uh, uh, I remember some time ago they, they, they ran a, uh, a trial at, uh, I think St. Vincent's Hospital where they were swapping out using Betadine for tea tree oil in theater. Um, you know, so. I mean, people would say, oh, then maybe that's wacky. But I mean, at the end of the day, if, if there's, if it's working, uh, and your, uh, post-op infections were, were, were less, and, and the [00:39:00] surgeons were saying, geez, that, that, that's, that's having a good effect.

John Larter: Do we need a peer reviewed paper or do we just say, oh,

Professor Ian Brighthope: I look, I, I know that, uh, when I was treating people from, um, Peter McCallum here and there was a, a lady who. She, uh, was responsible for going around a, a paper mill, um, and picking up scents in the factory. And she ended up with a nasopharyngeal tumor and she ended up having, uh, radiotherapy to her face, and she came in with a, with a severe, severely burnt neck.

Professor Ian Brighthope: Uh, and I told her to apply Vera juice, you know, Vera gel. Uh, she did that and she went back to the hospital and she said, look, my, my neck is really healing very, very nicely. What are you doing? Ah, well, we, the nurses said, okay, we'll recommend that from me on, uh, I dunno if they still do, but, you know, um,

John Larter: mean race horses, they use, uh, manuka honey, don't they?

John Larter: On, on winds and Yeah.

Graham Hood: Why? Why [00:40:00] not?

John Larter: Why

Graham Hood: I not, I mean, if they're, they're on about, they're constantly on about the pressure on the health system in this country. We can't even, can't even have a flu epidemic, a mild flu epidemic without them jumping up and down. The hospitals can't cope. Hmm. If treatments like this can reduce the reliability of Australian citizens on the hospital and the, and the government provided health system in this country, why are they fighting against it?

Graham Hood: It just doesn't make sense. Yeah. But nothing seems to make sense anymore.

Professor Ian Brighthope: No, it doesn't. I mean, just giving somebody a shot of vitamin D uh, during the, the, uh, winter, um, would save a lot of heartache. Uh, uh, the, we know that the, the flu vaccine doesn't work. Uh, and people react badly to the, um, flu vaccine.

Professor Ian Brighthope: Why can't we give a shot of vitamin D? Uh, it, it will last for a period of time over the winter, and people will get the flu. They'll get natural antibodies, natural immunity, and go on next year. It, it makes a lot more [00:41:00] sense.

Graham Hood: You must cringe when you look at social media and all these posts from all these members of parliament all around the country rolling up their sleeve in the local pharmacy and smiling.

Graham Hood: I mean, it's just laughable. It is absolutely laughable.

Professor Ian Brighthope: The virus will get you the virus no matter what you do, where you go, whatever you do, you lock yourself down, you wear a mask, it will get you. You've got to have it. You've got to have it. You've just gotta have it.

Graham Hood: And why wouldn't you? Because it is safe and effective.

Professor Ian Brighthope: I know

Graham Hood: it is. Yeah. Uh, look, it just, it begs belief and, uh. You know, we're seeing more and more evidence coming out. Ian, uh, we've, we've, um, had a couple of amazing interviews with, uh, Sally from, uh, Manila, Sally Cook, um, with all the data that she's crunching from medical, uh, government based medical sources around the world.

Graham Hood: Showing a marked increase in death rates and a marked decline in birth rates. Populations are shrinking.

Speaker 4: [00:42:00] Mm-hmm.

Graham Hood: And, um, and she correlates it all with the introduction of the mRNA vaccines when they, when the boosters came out, when the initial shots were, were, were pour out there, this is government data.

Graham Hood: And we went through a stage back in 2020 and 21 where they were saying, we don't have the data yet. We don't have enough data. Well, now

we do. Now we do have enough data. Johnny Lauder and they, they just seem to be completely oblivious. Nobody wants to know about it. Spotlight on Channel seven are too busy doing bullshit stories on sovereign citizens and all this sort of garbage when the real issues of the day.

Graham Hood: Simply this, people have lost faith. A growing number of people have lost faith in the media, in the government, in the bureaucracies, and in those things that they used to trust all of their lives, especially the A, B, C. And now when people are demonstrating that lack of faith and trust is [00:43:00] when the politicians and the bureaucrats should be reading the room and asking the questions, and they're not.

Graham Hood: In doing that, they're making themselves irrelevant. They're dividing the nation and they're causing dangerous situations that we may not be able to turn back from. I think this cannot be under overstated.

Professor Ian Brighthope: Yeah, I agree with you. Uh, Hui John. We have lost trust in the medical profession as well, and the loss of trust in the medical profession is a serious sign for any, any society.

Professor Ian Brighthope: If people are afraid to go to the doctor or don't trust the doctor, um, then there's, uh, an illness waiting for a death. And that's something that I'm very concerned about. The people who tell me now they can't trust the doctor. Uh, and I went out for dinner with somebody last night who said, you know, she, she's lost trust in all the doctors.

Professor Ian Brighthope: Uh, you know, I understand where she's coming from because [00:44:00] she was badly treated, very badly treated. And it's ongoing, this loss of the sense of trust. Gathering back trust in a real trust in doctors where you can say anything to a doctor and you can believe the doctor, um, disappeared a long time ago when we took on the whole, uh, concept of the R-A-C-G-P and, uh, the use of protocols in treating people.

Professor Ian Brighthope: We lost, uh, the trust started disappearing when protocols came in protocols instead of patients. And, um, you know, I'm afraid that protocols we, we experienced during COVID. Were disastrous for the majority of people. And it was, they were dangerous and, and many of the protocols ended up killing people. But you know, the public are not aware of what was going on during COVID and still not aware of what was going on during COVID And, um, speaking generally here, uh, but more and more people are waking up and more and more people are saying, no more mandates.

Professor Ian Brighthope: Uh, no more, um, not many say no vaccines.

Graham Hood: I [00:45:00] got, I've gotta tell you, Ian, um, Michelle had, uh, recent abdominal surgery for a hernia and we're very grateful for that. And, uh, there are times when hospitals are there for a reason and, uh, and we appreciate it when that happens. But in talking to her surgeon in a prominent hospital in regional Queensland, uh, the discussion came up about mandates and he had no idea what I was talking about.

Graham Hood: He didn't know there were mandates.

Professor Ian Brighthope: I know the, the, the majority, I mean the majority of the profession, uh, are ignorant of, of a lot of the games that are being played by the politicians and the bureaucrats, the majority of the profession, uh, are not aware of the dangers of the, of the vaccine still. I mean, I've got a doctor friend who still, uh, will give vaccines and he's not a.

Professor Ian Brighthope: I try to make him aware of what's been going on, but he's still a vaccinator and many, well, uh, you can understand, I guess, a surgeon [00:46:00] who's involved with surgery and not with medicine so much and, and, and, and working in a, in environment that he's ignorant of what's going on. And, you know, he's busy with patients from dawn to dusk.

Professor Ian Brighthope: And I mean, you, you are busy as, as a. Uh, an emergency and, uh, and, and surgical doctor and, and many doctors, uh, don't have time to read the literature. Uh, and you know, when something comes along like a virus, you know, they, they go along with the, with the mainstream narrative. And unfortunately, the, we were all trapped by the, uh, by the WHO and their, their, um, evil, um, cohorts.

Graham Hood: Yeah, well, uh, we, we fight and we fight on, and, uh, we must, we must, and we must do it with persistence, with discipline, and by speaking to the best people we can to try and highlight these things. And, uh, that's why we're talking to you, Ian. You [00:47:00] are, you are an absolute gentleman. You have, um, I have seen you work absolute wonders.

Graham Hood: People close to me. And you've worked wonders with Michelle and I as well. And for that we are eternally grateful and the whole nation needs to be, um, under these kind of treatment regimes where anything is possible. If, if some treatment doesn't work, let's try something else. That's all you, that's all you're saying.

Graham Hood: Let's give something a go. Um, you know, the, the blanket ban on Ivermectin and hydroxychloroquine, all those things were absurd at a time when we had no answers for anything.

John Larter: Yeah.

Graham Hood: When the first thing we wanted to do was give people mdsi and stick them on a, an intubator. I mean, it just, that, that to me should ring alarm bells for everybody.

Graham Hood: But, um, John, any final questions for Anne?

John Larter: Well, no, not really. Ian. I, I think, uh, you, you've summed it up perfectly. Uh, I mean, at the end of the day, I think, uh, you know, [00:48:00] Norman Swan, I think he's just scared of the, the truth being revealed. Uh, and, you know, unfortunately, they, they don't want, they don't want, uh, alternatives to be successful because, uh, it puts their mainstream, um, healthcare ideology outta business.

Professor Ian Brighthope: Yeah.

Professor Ian Brighthope: The, the whole issue is, uh, go back to the early 1920s when medicine was changed, uh, and changed. They tried to change it for good, but we are starting to see the evidence coming out now that natural therapies are a profound way of, of keeping the population healthy and it's cheap, it's effective. Uh, and we.

Professor Ian Brighthope: We need to move into more, more evidence-based, of course, because evidence was needed. But there's enough evidence now to say that Vitamin C used, um, the way we used it, uh, and the way it's being [00:49:00] taught now, uh, is safe. It's very effective. It has a couple of issues with it with regard to G six PDD deficiency and, and some stone form may form a stone.

Professor Ian Brighthope: But, um, in my experience, it doesn't, uh, unless you're using high doses with certain chemotherapeutic agents and the, the entirety of, uh, of vitamin C at three grams to six grams a day or even up to 10 grams a day for the majority of the population is extremely safe. It'll keep you healthy. It'll keep you, well, it'll help you to live a longer and healthier life.

Professor Ian Brighthope: I've got an extra 10 years on my, my, my mum, um, and I'm still still going strong. And, uh, I mean, I'm only one anecdote, but, um,

there's, there's a lot more around like, um, myself who understand how vitamin C works, who understand that it does work, uh, extremely well and. Uh, it's [00:50:00] keeping, uh, a lot of people alive.

Professor Ian Brighthope: So, thanks guys for having me on today. Really do appreciate, um, the opportunity to talk about vitamin C.

John Larter: I mean, it's, I need to Amazing, isn't it? You know, it's amazing isn't it, that a r is out chasing all these people, uh, whether they be doctors, paramedics, nurses, whoever, uh, you know, the Mark Hobarts of the world, uh, that are fighting battles.

John Larter: But you know, Norman Swan can go on and do potentially more harm, uh, because of his status, uh, and his, his ability to, uh, you know, penetrate into people's houses. But they do nothing.

Professor Ian Brighthope: Yeah, they do nothing. But, uh, he's immune to, uh, prosecution. It's, that's,

Graham Hood: that's, that's astounding. But Ian, I'm, I'm, I'm, I have to make a special trip to Melbourne to come and visit you to have another big dose of Vitamin [00:51:00] I

Professor Ian Brighthope: was, was vitamin I,

Graham Hood: uh, the Italian food that we ate together at that amazing restaurant, uh, it was just astounding.

Graham Hood: And, uh, I was. I was feeling a bit peckish the other day and I thought of what we ate that night and uh, I'd love to come back and have another dose of that.

Professor Ian Brighthope: Yeah. Well you, you, you're both more than welcome to come. You can come and stay with me, but, um, so

Graham Hood: there you go.

Professor Ian Brighthope: Yeah,

Graham Hood: John. Oh, I can see John getting the corkscrew out of the drawer on as we speak.

Graham Hood: Alright, well let's have a prayer, shall we? Sure Lord, father in heaven, we thank you for hope and we thank you for, uh, integrity. We thank you for honor and Lord, we thank you for truth and we pray that, uh, the truth being espoused by people like Professor Ian Bright Hope, which could do so much good if it was just allowed to be and allowed to establish itself under normal circumstances where people could be free to treat [00:52:00] themselves and be treated by people that they trust.

Graham Hood: What a difference that would make to our health outcomes around the world. So Father, we thank you for that knowledge. We thank you for providing the wonderful ingredients through nature that can do so much good and fight against the evils sometimes of science and, and pharmaceutical that we can achieve better outcomes for our planet and our country.

Graham Hood: May you be with us Guide and lead us as we proceed further and further. To bring more truth to people so that we can make educated and disciplined decisions for we ask this in the precious name of Jesus. Amen.

John Larter: Amen.

Graham Hood: Johnny, you've often been heard to say,

John Larter: you just couldn't make this stuff up.

Graham Hood: You couldn't make this stuff up.

Graham Hood: I've gotta tell you, when I edit our program, I'm sick of typing that phrase. I type it every day. You couldn't make this stuff up and you've got no idea how it irks me to type that every day,

John Larter: cut and paste,

Graham Hood: cut and paste, cut and paste, cut and paste. [00:53:00] God bless you everybody. God bless youi and bright hope.

Graham Hood: Continue to, uh, to get better and, and please try not to stress so much. We need you.

Professor Ian Brighthope: Thanks. Thanks Johnny. It's been a pleasure and uh, happy to catch up with you both soon, either in Melbourne or back.

Graham Hood: Yeah. Okay. Johnny's paying if we come to Melbourne. And, uh, for all the rest of you watching this program, it's great having your support As always.

Graham Hood: We thank you. We appreciate you. We love you. And don't forget what you did yesterday got you to today, Australia. Just do it one day at a time. Don't go down too deep. You don't have to dig too deep. Just stay. Focused, enjoy the, the benefits of living in a great country because it still is. And don't let the Mongols take anything from you that they don't deserve.

Graham Hood: God bless you all and we'll see you next time. Our next interview, uh, tonight with, uh, Dr. Mel McCann, that'll be screened in a day or so, updating us on the wonderful progress being made there in the legal case. Thank you. [00:54:00] She's very hopeful and we can't wait to get an update from Dr. Mel McCann. So God bless you all.

Graham Hood: We'll see you next time on Club Grubby, and bye for now.