

EARLY

COVID

TREATMENT

Packet

By,

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Dear Fellow Citizens,

Of all the illogical and detrimental aspects of this country's response to the CCP virus pandemic, I find the most egregious to be the fact that practically NO ONE in government, public health, and most of the medical community has talked about EARLY TREATMENT. They'll rail on and on about the latest alpha pi omega variant and tell you to hide under your bed, but not once, *not once*, have they informed the public about treatment that other doctors, *real doctors*, have been using for a year and a half to save lives.

The so-called experts tell people that if you test positive for the virus, go home, do NOTHING, and wait until you can't breathe—then come to the hospital where they'll put you on *useless* \$3000 a dose remdesivir and a ventilator and maybe you'll make it out, maybe you won't. This is unbelievable to me and quite frankly evil.

Wouldn't you want to treat the virus early so that it doesn't escalate into something worse? Is that not medicine 101? It's akin to finding a small, isolated, cancerous tumor in your arm, and the doctor tells you to do nothing, go home, and wait until the cancer metastasizes into all of your vital organs, then come back to the hospital when your prognosis is grim. Would you ever accept that? It's like having a small kitchen fire, and the fire department refuses to come put it out and instead waits until your whole house is engulfed in flames to grab their hoses. Would you accept that? Well, you shouldn't accept this malfeasance regarding early covid treatment either.

The purpose of this packet is to let you know that there *is* treatment for this virus, to outline what that treatment is, and to give you contact information for doctors who will actually treat you. This may come as a shock to some of you, but you can't trust the government, you can't trust these public health "experts," and unfortunately, you can't trust most doctors either. You have to take your health into your own hands.

Before I get into the treatment details, here's some food for thought:

- If the government actually cared about covid, why is the southern border WIDE OPEN? Thousands of migrants are pouring across the border, being put on buses, and being shipped around the country. They could be carrying covid and who knows what else, and they're not even being tested. Yet, this same government wants American children to cover their faces all day long at school? Excuse me?
- There is this great insistence that people who have already recovered from covid and have natural immunity should still get vaccinated. In what world does this make sense? How could having immunity to only one part of the virus (from the vaccine) be better than having immunity to all parts of the virus (natural infection)? If you already had chicken pox, would you get the chicken pox vaccine? If you already had the measles, would you get the measles vaccine?
- Why would the government suppress information on early treatment?
 - Most of the early treatment protocols involve cheap, easily available, re-purposed drugs. There's no money to be made by big pharma with these drugs.
 - There can only be an EUA (emergency use authorization) from the FDA for the vaccine if there is no other treatment available. Funny how that works.
 - If people knew that there was treatment for this virus, then they wouldn't so easily comply with mask mandates and lockdowns and vaccine mandates. It would be much harder to control the public because people would *not* be afraid.

Be not afraid. Turn off the TV. Live your life. Breathe freely, and show your smile. Stop treating other people like they're disease vectors, and start treating them like human beings again. Do what you can to improve your health, and if you get sick, seek treatment promptly. Pray, and remember that your rights do not come from the government, they come from God.

- Katie Jennings, Massachusetts

Stages of the Virus

There are three stages:

1. **Viral Replication**
2. **Inflammation (respiratory distress)**
3. **Clotting**

The inflammation and clotting are the most dangerous. The **spike protein** of the virus causes the inflammation and clotting.

If you can stop the virus from replicating early on, you will stop the production of spike protein, and therefore minimize inflammation and clotting.

Keep in mind that these stages don't occur simultaneously and you don't instantly have serious trouble—it takes a few days at least. So, there is time to treat this, but don't wait too long. Upon symptom onset, *take action* before things get worse.

Keys to Early Outpatient Treatment

Treat the virus **early**, at **home** (or at an outpatient clinic if receiving monoclonal antibody treatment), and **avoid the hospital**.

There are five main parts of early treatment:

1. **Vitamins/Supplements/Mouth & Nasal Washes** (over the counter)
2. **Anti-virals** to stop viral replication (prescription)
3. **Antibiotics** to prevent secondary bacterial infection (prescription)
4. **Anti-inflammatory drugs** to alleviate inflammation (prescription except for one)
5. **Anti-coagulants** to prevent clotting (prescription except for aspirin)

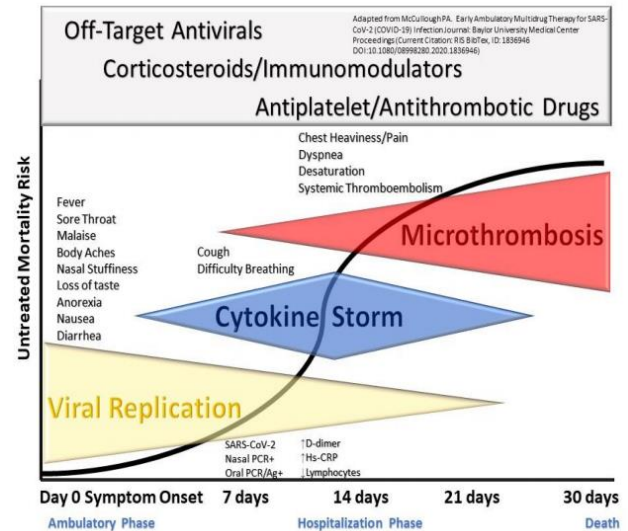
Start treatment **EARLY**, within the *first five days* of symptom onset, preferably *at* symptom onset. Start on the vitamins/supplements/washes, an anti-viral, an antibiotic, and maybe aspirin right away. If respiratory symptoms persist or worsen, you would then need an anti-inflammatory drug. Depending on the patient, a stronger anti-coagulant can be used. The treatment can be tailored to each individual patient.

If you're healthy and under 50, you might not need treatment, but why not take it? You would recover sooner, kill the virus sooner, and be less likely to spread it around. Children can receive early treatment if needed. Many of the vitamins/supplements and anti-viral drugs are safe for children.

On the pages to follow, I am going to list all of the medications that I know about. You wouldn't take them all—I'm just showing you the options. And, obviously, you would have to check for any interactions with medications that you already take. I will also list some protocols and resources that you can give your own doctor to show him or her that treatment does actually exist. And, if your own doctor is useless, I will list telemedicine services where you can find a *real doctor* who will treat you early.

Testing

Upon symptom onset, go get tested. There are plenty of places that give rapid tests—do not wait days. Look around. Many urgent cares offer same-day appointments for rapid tests. Most of these tests are PCR tests. You can even buy a home test kit from Wal-Mart (Abbott Binax Now)—this is a rapid antigen test. The PCR test is probably more sensitive than the antigen test, but if you have symptoms, either test should work. Of course, no one really knows how reliable these tests are, so if you get a negative result but you really don't feel well, still seek treatment—most of the doctors who treat patients will just go by the patient's symptoms anyway, not the test result.



Pulse Oximeter

It's a good idea to have one of these at home. You can buy one at any drug store or online. It measures your blood oxygen level via your finger. Your blood oxygen level registers as the percentage of your blood cells that are saturated with oxygen. Measure *your* normal level so that you have a baseline. For healthy people, normal blood oxygen levels should be 95-100%. If your levels start to drop, it could be an indication of pneumonia or other severe lung inflammation. **Your levels could drop without you knowing it, however.** If you got down to a level like 88%, then you would probably have trouble breathing. But, you could gradually drop from 95 to say 92% without being short of breath. If you are sick, it's a good idea to monitor your levels and seek treatment when you measure a drop—don't wait until you're short of breath or wheezing.



Early Outpatient Treatment—Vitamins/Supplements

The following can be taken during treatment, but also regularly as prophylaxis to improve and maintain health. These are all **over the counter**. Dosing information can be found in the protocols listed later in this packet.

Vitamin D (in the form of Vitamin D₃ cholecalciferol)

Having adequate vitamin D levels is **essential** for your immune health. You can't get enough from food. You can get it from sunlight absorbed through the skin, but the UV index must be strong enough and you have to have a lot of your skin exposed to absorb the full amount that you need. Sunscreen blocks absorption, levels drop with age, and in MA, the UV index certainly isn't high enough for most of the year. Supplementation is a good idea. **It takes a few months for your Vitamin D levels to increase**, so start taking it now—don't wait until you get sick. The best way to know exactly what your levels are is to get a blood test. Normal range is 30-80 ng/mL, but I've read that you want to be at least 50 ng/mL for optimal health. It's very hard to overdose on this, so even if you don't get your levels checked, you could take up to 5000 IU daily.

Zinc

Zinc has anti-viral properties. Substances called zinc ionophores help zinc get inside of your cells to fight viruses. Quercetin, EGCG (two supplements mentioned below), and hydroxychloroquine (one of the anti-viral drugs) are all zinc ionophores. Zinc supplements come in forms such as zinc sulfate, zinc gluconate, zinc citrate, and zinc picolinate. I've read that zinc picolinate is the least absorbable, so I'd go with any of the other ones. Take zinc *with food*.

Vitamin C

Vitamin C is very important for immune health. It's hard to take too much vitamin C—it's water soluble, and thus, you would just excrete it in your urine. Mega doses can be given through IV during hospital treatment.

Quercetin

Quercetin is a bioflavonoid and antioxidant found in certain fruits and vegetables. It is also a zinc ionophore and helps zinc get inside your cells to kill viruses. It works well when taken with vitamin C.

NAC (N-acetyl cysteine)

NAC is a form of the amino acid cysteine that helps the body produce a strong antioxidant called glutathione. It also helps reduce respiratory distress symptoms.

EGCG (Epigallocatechin-gallate)

EGCG is a bioflavonoid and antioxidant found in green tea. It is a zinc ionophore.

Melatonin

Melatonin has anti-inflammatory, antioxidant, and immunomodulating properties. It does cause drowsiness.

Early Outpatient Treatment—Mouth & Nasal Washes

The following washes can be used during treatment. They should be used **early** during the **viral replication** stage. They can also be used as post-exposure prophylaxis. These washes contain antiseptic and virucidal agents that will kill the virus where it starts—in the mouth, throat, and nose.

Mouthwashes containing Cetylpyridinium

This includes Scope, ACT, and Crest brands, among others. **Gargle** (do not swallow).

Mouthwashes containing Essential Oils such as Eucalyptol, Thymol, and Menthol

This includes Listerine, among others. **Gargle** (do not swallow).

Povidone-Iodine (brand name Betadine)

This is actually a 10% povidone-iodine solution. You will have to **DILUTE it in water or saline first**. The dilution can be used as a **nasal wash**, and it can also be **gargled**. For the correct dilution ratios, go to the **Front Line Covid-19 Critical Care Alliance** website (covid19criticalcare.com or flccc.net)—they will be updating their recommendations shortly, so stay tuned. Their current recommendations for nasopharyngeal sanitation are listed in the I-MASK+ Treatment Protocol mentioned later in this packet.

You may need, however, a **medicine dropper** to measure the iodine and a nasal wash **bottle** to apply the rinse. Examples of both, from Rite-Aid, are shown below. The nasal wash bottles typically come in kits—the kits contain an empty wash bottle and packets of salt/baking soda. Depending on the FLCCC protocol, you might **only** need the bottle and **NOT** the packets, so be attentive to the instructions.



Early Outpatient Treatment—Anti-Virals

Monoclonal Antibodies

There are two antibody cocktails, one from the company Regeneron (casirivimab/imdevimab) and one from Eli Lilly (bamlanivimab/etesevimab). You would receive one cocktail or the other, depending on the clinic. The treatment is administered through an IV infusion, but it is OUTPATIENT therapy. You go to the clinic for a few hours and then go home. I've read nothing but good things about this. The only problem is that no one is advertising this, even though it is *free of charge*. It's for high risk patients ages 12+, but "high risk" includes more people than you'd think. You typically have to be experiencing symptoms and need a positive PCR test, but if you're high risk and think that you've been exposed, you may be able to get the antibody treatment as prophylaxis BEFORE you get sick or test positive. Just call and ask—it's worth a shot. I have also read that the Regeneron cocktail is available as a subcutaneous shot in the arm that could be administered at a doctor's office, but I don't know of any place doing this.

<p>Who Qualifies</p> <p>(anyone with ONE or more of these conditions)</p>	<ul style="list-style-type: none"> ▪ 65+ yrs old ▪ BMI > 25 (this doesn't necessarily mean you're overweight since BMI doesn't account for muscle mass—for example, a 6ft tall man who weighs 200 lb has a BMI of 27—search for "BMI calculator" online and you can calculate your own) ▪ Diabetes (Types 1 and 2) ▪ Heart disease/high blood pressure ▪ Weakened immune system ▪ Receiving immunosuppressive drug treatment (organ transplant recipients) ▪ Chronic kidney disease ▪ Chronic lung disease (asthma, COPD, cystic fibrosis, etc) ▪ Sickle cell disease ▪ Neurodevelopmental disorders ▪ Medical device dependence ▪ Pregnancy ▪ And maybe more—call a clinic to inquire (see "Who to call" section below)
<p>What you need to do</p>	<ul style="list-style-type: none"> ▪ Positive PCR test (if you think the result is a false negative, try to get a doctor's order or try calling the infusion clinic anyway) ▪ Some clinics require a referral, some don't ▪ This treatment works to stop viral replication so it must be administered <u>within 10 days</u> from symptom onset (don't wait, get it asap)
<p>Who to call / Where to go</p>	<ul style="list-style-type: none"> ▪ Visit protect-public.hhs.gov/pages/therapeutics-distribution to find a clinic near you. ▪ Also try crushcovid.com ▪ I found that where I live, one clinic was easily accessible via phone and very helpful, while others didn't even list a phone number. So, it might be a good idea to locate a clinic near you before you need it. Call and inquire about the procedure for getting the treatment. Find out if you need a referral or not. ▪ Again, you typically need a + PCR test, BUT you may be able to receive the treatment before testing and before symptom onset if you think you have been exposed, so just call.

Early Outpatient Treatment—Anti-Virals (cont'd)

Hydroxychloroquine

HCQ has multiple mechanisms of action in fighting covid, including being a zinc ionophore (allows zinc to get inside the cell and fight the virus) and having anti-inflammatory properties. HCQ is a stronger zinc ionophore than quercetin or EGCG. It is important that HCQ be taken **with ZINC**. HCQ has typically been used for treating/preventing malaria and for autoimmune diseases such as rheumatoid arthritis and lupus. Before the CDC removed the info from their website (in 2020), the agency recommended everyone (men, women, and children) traveling to Africa should take HCQ for *months* to prevent malaria. HCQ is over the counter in Africa. It has a better safety profile than Tylenol. It is safe for pregnant women and children. HCQ works best when taken **EARLY**.

Ivermectin

Ivermectin has multiple mechanisms of action in fighting covid, including anti-viral and anti-inflammatory properties. Its mechanisms are different than those of HCQ, and thus it can be used *alone* or *in conjunction with HCQ*. Ivermectin, whose discoverers won a Nobel Prize, has typically been used as an anti-parasitic drug. It's been used to treat scabies and head lice in kids, so it's safe for children. It has an excellent safety profile—it's safer than aspirin. It may be safe in pregnancy, but its pregnancy safety profile has not been established. Ivermectin has been shown to work **both EARLY and LATE** in covid treatment.

Note on Why Remdesivir Does Not Work, or at least not as it is currently being used

Remdesivir was developed as an anti-viral drug to treat HIV. It must be administered through IV for five days, so it is *inpatient* treatment. Currently, it is being used in hospitalized covid patients, but typically, patients aren't presenting to hospital until they're at least a week or two past symptom onset, far past the viral replication stage. If remdesivir works at all (which I am not even sure if it does), it would have to be given **EARLY** during the viral replication stage of the virus. And, who would want to be admitted to the hospital upon first sign of symptoms? In addition, remdesivir is quite expensive, whereas much more effective HCQ and ivermectin are incredibly cheap.

Early Outpatient Treatment—Antibiotics

Azithromycin

or

Doxycycline



In addition to preventing secondary bacterial infections such as pneumonia, both of these drugs have anti-viral properties.

Early Outpatient Treatment—Anti-Inflammatory Drugs

Typically, if treatment is started early, these drugs would be given after a few days of treatment with anti-virals, if respiratory symptoms persist or worsen.

Inhaled Budesonide (brand name Pulmicort)

This is a corticosteroid typically used for asthma. It can be taken via inhaler or nebulizer.

Prednisone and Dexamethasone

These are oral corticosteroids.

Colchicine

This is an anti-inflammatory drug typically used to treat gout.

Early Outpatient Treatment—Anti-Inflammatory Drugs (cont’d)

Fluvoxamine (brand name **Luvox**)

This is an antidepressant that has been shown to also have a mechanism that alleviates respiratory symptoms.

Montelukast (brand name **Singulair**)

This is typically a medication for asthma and allergies. Some doctors think that the inflammatory response that causes respiratory distress in covid is actually an allergic response.

Famotidine (brand name **Pepcid**)

This is a certain type of anti-histamine that is typically used to reduce stomach acid. It’s *over the counter*. It may have mechanisms of action that inhibit inflammation, and possibly even viral replication. Studies are ongoing.

Early Outpatient Treatment—Anti-Coagulants

Here’s a list of options for anti-coagulants:

- **Aspirin**
- **Xarelto**
- **Rivaroxaban**
- **Lovenox**
- **Pradaxa**
- **Dabigatran**
- **Eliquis**
- **Apixaban**
- **Edoxaban**

Hospital Treatment

If a patient does need to be hospitalized, here is some information from the Front Line Covid-19 Critical Care (FLCCC) Alliance. The treatment protocol includes such drugs as **methylprednisolone**, **ivermectin**, and mega doses of **vitamins C and D**. The entire protocol, with dosing, is included later in the packet.

Avoid the Ventilator!!

MATH+ HOSPITAL TREATMENT PROTOCOL FOR COVID-19

Version **13**
2021-06-30

TO CONTROL INFLAMMATION & EXCESS CLOTTING

In all COVID-19 hospitalized patients, the therapeutic focus must be placed on early intervention utilizing powerful, evidence-based therapies to counteract:

- The overwhelming and damaging inflammatory response
- The systemic and severe hyper-coagulable state causing organ damage

By initiating the protocol soon after a patient meets criteria for oxygen supplementation, the need for mechanical ventilators and ICU beds will decrease dramatically.

TREATMENT OF LOW OXYGEN

- If patient has low oxygen saturation on nasal cannula, initiate heated high flow nasal cannula.
- Do not hesitate to increase flow limits as needed.
- Avoid early intubation that is based solely on oxygen requirements. Allow “permissive hypoxemia” as tolerated.
- Intubate only if patient demonstrates excessive work of breathing.
- Utilize “prone positioning” to help improve oxygen saturation.

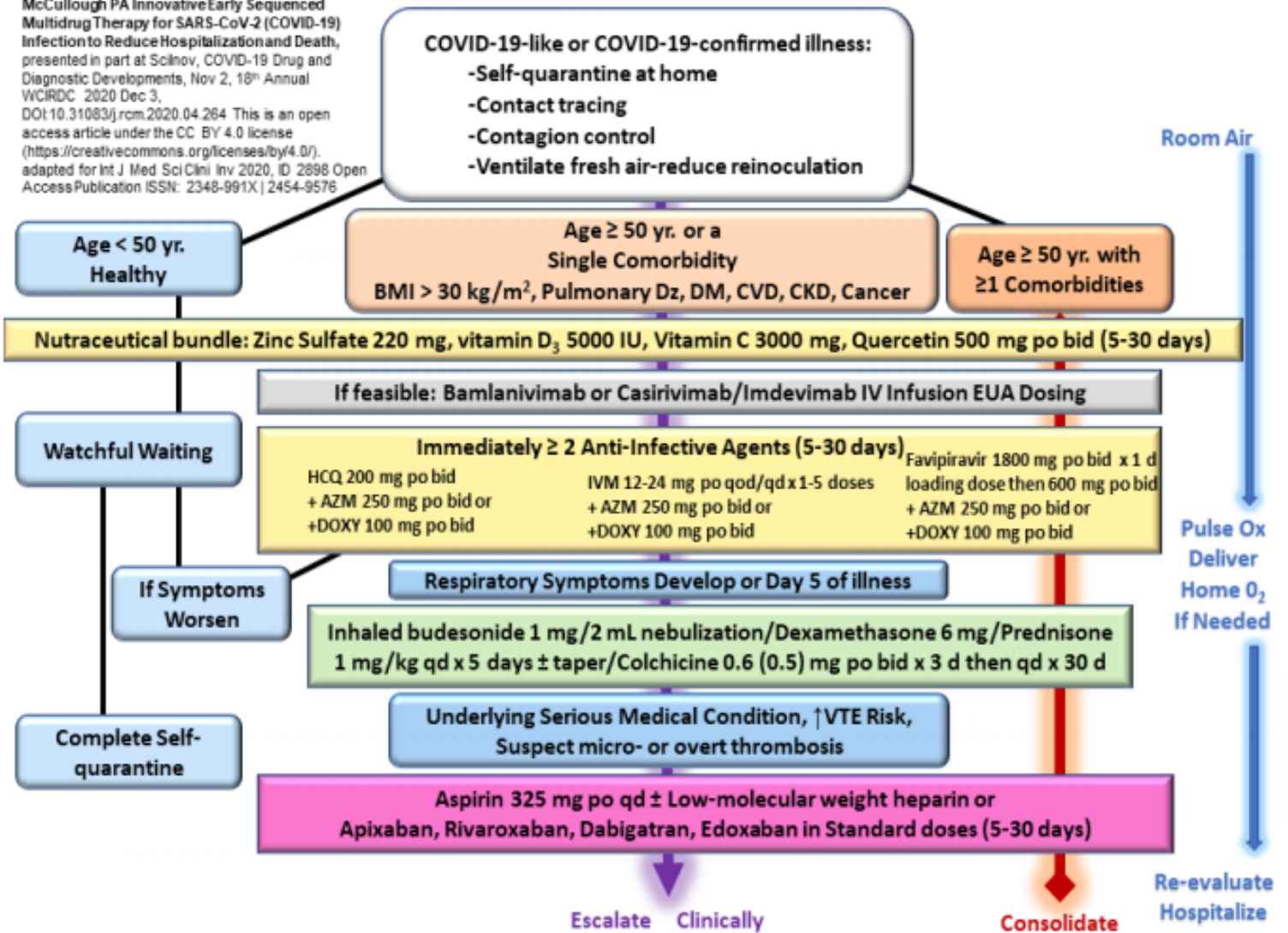
Protocols—Early Outpatient Treatment

The following protocols include **adult** dosing only.

- **Early Treatment Flow Chart by Dr. Peter McCullough, Texas**
truthforhealth.org/patientguide/

New Uses of Older Medicines: COMBINATION THERAPY USED FOR COVID

McCullough PA Innovative Early Sequenced Multidrug Therapy for SARS-CoV-2 (COVID-19) Infection to Reduce Hospitalization and Death, presented in part at Sclnov, COVID-19 Drug and Diagnostic Developments, Nov 2, 18th Annual WCIRDC 2020 Dec 3, DOI:10.31083/jrcm.2020.04.264 This is an open access article under the CC BY 4.0 license (<https://creativecommons.org/licenses/by/4.0/>). adapted for Int J Med Sci Clin Inv 2020, ID 2898 Open Access Publication ISSN: 2348-991X | 2454-9576



BMI=body mass index, Dz=disease, DM=diabetes mellitus, CVD=cardiovascular disease, CKD=chronic kidney disease, yr=years, HCQ=hydroxychloroquine, AZM=azithromycin, DOXY=doxycycline, IVM=ivermectin, VTE=venous thrombo-embolic, EUA=Emergency Use Authorization (U.S. administration)

Protocols—Early Outpatient Treatment (cont'd)

- **Zelenko Treatment Protocol by Dr. Vladimir Zelenko, New York**
vladimirzelenkomd.com

<p>Low Risk Patients</p> <p>Younger than 45, no comorbidities, and clinically stable</p>	<ul style="list-style-type: none"> ▪ Supportive care with fluids, fever control, and rest ▪ Elemental Zinc 50mg 1 time a day for 7 days ▪ Vitamin C 1000mg 1 time a day for 7 days ▪ Vitamin D3 5000iu 1 time a day for 7 days 	<p>Optional:</p> <ul style="list-style-type: none"> ▪ Quercetin 500mg 2 times a day for 7 days or <p>Epigallocatechin-gallate (EGCG) 400mg 1 time a day for 7 days</p>
<p>Moderate/High Risk Patients</p> <p>Older than 45 or Younger than 45 with comorbidities or clinically unstable</p>	<ul style="list-style-type: none"> ▪ Elemental Zinc 50-100mg once a day for 7 days ▪ Vitamin C 1000mg 1 time a day for 7 days ▪ Vitamin D3 10000iu once a day for 7 days or 50000iu once a day for 1-2 days ▪ Azithromycin 500mg 1 time a day for 5 days or <p>Doxycycline 100mg 2 times a day for 7 days</p> <ul style="list-style-type: none"> ▪ Hydroxychloroquine (HCQ) 200mg 2 times a day for 5-7 days <p>and/or</p> <p>Ivermectin 0.4-0.5mg/kg/day for 5-7 days</p> <p>Either or both HCQ and IVM can be used, and if one only, the second agent may be added after about 2 days of treatment if obvious recovery has not yet been observed etc.</p>	<p>Other treatment options:</p> <ul style="list-style-type: none"> ▪ Dexamethasone 6-12mg 1 time a day for 7 days or <p>Prednisone 20mg twice a day for 7 days, taper as needed</p> <ul style="list-style-type: none"> ▪ Budesonide 1mg/2cc solution via nebulizer twice a day for 7 days ▪ Blood thinners (i.e. Lovenox, Eliquis, Xarelto, Pradaxa, Aspirin) ▪ Colchicine 0.6mg 2-3 times a day for 5-7 days ▪ Monoclonal antibodies ▪ Home IV fluids and oxygen

Protocols—Early Outpatient Treatment (cont’d)

- **I-MASK+ Treatment Protocol by FLCCC Alliance (Dr. Paul Marik, VA; Dr. Pierre Kory, WI; Dr. Joseph Varon, TX; Dr. G. Umberto Meduri, TN; and Dr. Jose Iglesias, NJ)**
 covid19criticalcare.com or flccc.net

EARLY OUTPATIENT PROTOCOL³

Ivermectin¹	0.2–0.4 mg/kg per dose (take with or after meals) — one dose daily, take for 5 days or until recovered* Use upper dose range if: 1) in regions with more aggressive variants; 2) treatment started on or after day 5 of symptoms or in pulmonary phase; or 3) multiple comorbidities/risk factors.
Fluvoxamine⁴	50 mg twice daily for 10–14 days Add to ivermectin if: 1) minimal response after 2 days of ivermectin; 2) in regions with more aggressive variants; 3) treatment started on or after day 5 of symptoms or in pulmonary phase; or 4) numerous comorbidities/risk factors. Avoid if patient is already on an SSRI.
Nasopharyngeal Sanitation	Steamed essential oil inhalation 3 times a day (e.g. VapoRub) and/or chlorhexidine/benzylamine mouthwash gargles and Betadine nasal spray 2–3 times a day
Vitamin D3	4,000 IU/day
Vitamin C	500–1,000mg twice a day
Quercetin	250 mg twice a day
Zinc	100 mg/day
Melatonin	10 mg before bedtime (causes drowsiness)
Aspirin	325 mg/day (unless contraindicated)
Pulse Oximeter	Monitoring of oxygen saturation is recommended

- **Treatment Protocol by Dr. Brian Tyson and Dr. George Fareed, California**
 c19protocols.com

Day 1	Days 2-5	Over the counter prevention:
<ul style="list-style-type: none"> ▪ HCQ 2 tabs twice a day ▪ Zinc sulfate tab twice a day ▪ Azithromycin tab one per day or doxycycline cap twice a day ▪ Ivermectin 12 mg on day 1 only ▪ Aspirin 325 mg 	<ul style="list-style-type: none"> ▪ HCQ 1 tab 3 times a day ▪ Zinc sulfate tab 3 times a day ▪ Azithromycin tab daily or doxycycline cap twice a day ▪ Ivermectin 12 mg on day 3 if symptoms warrant ▪ Prednisone 60 mg daily x 5-7 days or Dexamethasone 4 mg bid if wheezing /SOB ▪ Budesonide 0.5-1mg/2ml via nebulizer bid ▪ Vitamin D3 5000 iu daily ▪ Pepcid 20 mg daily ▪ Continue daily Aspirin 325 mg 	<ul style="list-style-type: none"> ▪ Elemental Zinc 25 mg once a day ▪ Vitamin D 4000 iu once a day ▪ Vitamin C 1000 mg once a day ▪ Quercetin 500 mg once a day ▪ If Quercetin is unavailable, then use Epigallocatechin-gallate (EGCG) 400mg once a day
Tab Dosage		
<ul style="list-style-type: none"> ▪ HCQ 200 mg tabs (HCQ = hydroxychloroquine) ▪ Zinc sulfate 220 mg (or elemental Zinc 50 mg) ▪ Azithromycin 500 mg (or Z pack) or Doxycycline 100 mg 		

Protocol—Hospital Treatment

The following protocol includes **adult** dosing only.

- MATH+ Hospital Protocol by FLCCC Alliance (Dr. Paul Marik, VA; Dr. Pierre Kory, WI; Dr. Joseph Varon, TX; Dr. G. Umberto Meduri, TN; and Dr. Jose Iglesias, NJ)**
covid19criticalcare.com or flccc.net

MATH+ HOSPITAL TREATMENT PROTOCOL FOR COVID-19

Version **13**
2021-06-30

MEDICATION	INDICATION/INITIATION	RECOMMENDED DOSING	TITRATION/DURATION
METHYLPREDNISOLONE	A. <i>Upon oxygen requirement or abnormal chest X-ray</i>	Preferred: 80 mg IV bolus, then 40 mg IV twice daily Alternate: 80 mg / 240 ml normal saline IV infusion at 10 ml/hr Follow COVID-19 Respiratory Failure protocol (see flccc.net/respiratory-support-c19/)	A1. If no improvement in oxygenation in 2–4 days, double dose to 160 mg/daily. A2. Upon need for FIO ₂ > 0.6 or ICU, escalate to “Pulse Dose” below (B) A3. Once off IMV, NPPV, or High flow O ₂ , decrease to 20 mg twice daily. Once off O ₂ , then taper with 20 mg/day × 5 days then 10 mg/day × 5 days
	B. <i>Refractory Illness/ Cytokine Storm</i>	“Pulse” dose with 125–250 mg IV every 6 hours	Continue × 3 days then decrease to 160 mg IV/daily dose above, taper according to oxygen requirement (A). If no response or CRP/Ferritin high/rising, consider mega-dose IV ascorbic acid and/or “Therapeutic Plasma Exchange” below
ASCORBIC ACID	<i>O₂ < 4 L on hospital ward</i>	500–1000 mg oral every 6 hours	Until discharge
	<i>O₂ > 4 L or in ICU</i>	50 mg/kg IV every 6 hours	Up to 7 days or until discharge from ICU, then switch to oral dose above
	<i>If in ICU and not improving</i>	Consider mega-doses: 25 grams IV twice daily for 3 days	Completion of 3 days of therapy
THIAMINE	<i>ICU patients</i>	200 mg IV twice daily	Up to 7 days or until discharge from ICU
HEPARIN (LMWH)	<i>If initiated on a hospital ward</i>	1 mg/kg twice daily – Monitor anti-Xa levels, target 0.6–1.1 IU/ml	Until discharge then start DOAC at half dose × 4 weeks
	<i>If initiated in the ICU</i>	0.5 mg/kg twice daily – Monitor anti-Xa levels, target 0.2–0.5 IU/ml	
IVERMECTIN * <i>(a core medication)</i>	<i>Upon admission to hospital and/or ICU</i>	0.4–0.6 mg/kg per dose – daily (Take with or after meals)	For 5 days or until recovered
Fluvoxamine **	<i>Hospitalized patients</i>	50 mg PO twice daily	10–14 days
Cyproheptadine	<i>If any of: 1) on fluvoxamine, 2) hypoxemic, 3) tachypneic/respiratory distress, 4) oliguric/kidney injury</i>	8 mg – 3 x daily	until discharge, slow taper once sustained improvements noted
Anti-Androgen Therapy	<i>Hospitalized patients (Men only)</i>	Dutasteride 0.5 mg daily or Finasteride 5 mg daily	until fully recovered
Vitamin D	<i>Hospitalized patients</i>	Calcifediol preferred: 0.5 mg PO day 1, then 0.2 mg PO day 2 and weekly thereafter	Until discharge
		Cholecalciferol: 20,000–60,000 IU single dose PO then 20,000 IU weekly	
Atorvastatin	<i>ICU Patients</i>	80 mg PO daily	Until discharge
Melatonin	<i>Hospitalized patients</i>	6–12 mg PO at night	Until discharge
Zinc	<i>Hospitalized patients</i>	75–100 mg PO daily	Until discharge
Famotidine	<i>Hospitalized Patients</i>	40–80 mg PO twice daily	Until discharge
Therapeutic Plasma Exchange	<i>Patients refractory to pulse dose steroids</i>	5 sessions, every other day	Completion of 5 exchanges

Legend: CRP = C-Reactive Protein, DOAC = direct oral anti-coagulant, FIO₂ = Fraction of Inspired oxygen, ICU = Intensive Care Unit, IMV = Invasive Mechanical Ventilation, IU = International units, IV = Intravenous, NIPPV = Non-Invasive Positive Pressure Ventilation, O₂ = oxygen, PO (per os) = oral administration

* The safety of ivermectin in pregnancy has not been established thus treatment decisions require an assessment of the risks vs. benefits in a given clinical situation.

** Some individuals who are prescribed fluvoxamine experience acute anxiety which needs to be carefully monitored for and treated by the prescribing clinician to prevent rare escalation to suicidal or violent behavior.

Protocols—Prophylaxis

The following protocols are aimed at preventing infection. If you are high risk or have a high risk of exposure, you might want to consider prophylaxis. You may still get the virus, but if you have been on prophylaxis, your body should be better equipped to recover from it. All dosing is for **adults** only.

- **I-MASK+ Prevention Protocol by FLCCC Alliance (Dr. Paul Marik, VA; Dr. Pierre Kory, WI; Dr. Joseph Varon, TX; Dr. G. Umberto Meduri, TN; and Dr. Jose Iglesias, NJ)**
covid19criticalcare.com or flccc.net

This includes **post-exposure** prevention.

PREVENTION PROTOCOL

Ivermectin¹	Prevention for high risk individuals 0.2 mg/kg per dose (take with or after meals) — one dose today, repeat after 48 hours, then one dose weekly* Post COVID-19 exposure prevention² 0.2 mg/kg per dose (take with or after meals) — one dose today, repeat after 48 hours*
Vitamin D3	1,000–3,000 IU/day
Vitamin C	500–1,000mg twice a day
Quercetin	250 mg/day
Zinc	30–40 mg/day
Melatonin	6 mg before bedtime (causes drowsiness)

- **Zelenko Prophylaxis Protocol by Dr. Vladimir Zelenko, New York**
vladimirzelenkomd.com

Low/Moderate Risk Patients	High Risk Patients
<ul style="list-style-type: none"> ▪ Elemental Zinc 25 mg 1 time a day ▪ Vitamin D3 5000 IU 1 time a day ▪ Vitamin C 1000 mg 1 time a day ▪ Quercetin 500 mg 1 time a day ▪ If quercetin is unavailable, then use EGCG 400 mg 1 time a day 	<ul style="list-style-type: none"> ▪ Elemental Zinc 25 mg 1 time a day ▪ Vitamin D3 5000 IU 1 time a day ▪ Hydroxychloroquine 200 mg 1 time a day for 5 days, then 1 time a week ▪ If HCQ is unavailable, then use the Protocol for Low/Moderate Risk Patients

Low Risk Patients

Young healthy people do not need prophylaxis against Covid 19. In young and healthy people, this infection causes mild cold-like symptoms. It is advantageous for these patients to be exposed to Covid-19, build up their antibodies and have their immune system clear the virus. This will facilitate the development of herd immunity and help prevent future Covid-19 pandemics. However, if these patients desire prophylaxis against Covid-19, then they should take the protocol noted above.

Moderate Risk Patients

Patients from this category are healthy but have high potential viral-load exposure. This group includes medical personnel, caregivers of high-risk patients, people who use public transportation, first responders and other essential personnel who are crucial to the continued functioning of society. These patients should be encouraged to take prophylaxis against Covid-19 in accordance with the protocol noted above.

High Risk Patients

Patients are considered high risk if they are over the age of 45, or if they are younger than 45 but they have comorbidities, that is, they have other health conditions that put them at risk. These patients have between a 5 to 10% mortality rate if they are infected with Covid-19. These patients should be strongly encouraged to take prophylaxis against Covid-19 in accordance with the protocol noted above.

Resources

- **C19protocols.com**
Outstanding website that lists Protocols, Research Studies, and Doctors who prescribe treatment
- **Truthforhealth.org/patientguide/**
Excellent Guide about Early Treatment to read and print out for yourself and your doctor
- **Covid19criticalcare.com or flecc.net**
Front Line Covid-19 Critical Care Alliance website with a wealth of information about their Prevention, Early Treatment, and Hospital Protocols
- **Covexit.com**
Excellent site with videos from doctors around the world describing their treatment protocols
- **Rumble.com/user/jersnav**
Videos from Dr. Peter McCullough and others
- **Truthforhealth.org/2021/06/**
Webinar: Covid-19 Early Home-based Treatment with Dr. Peter McCullough
- **Americaoutloud.com/the-mccullough-report/**
America Out Loud, The McCullough Report
Dr. Peter McCullough’s weekly radio show
- **Theblaze.com/podcasts/daniel-horowitz-podcast**
CR Podcast with Daniel Horowitz
Click on “iHeart” for Podcast List
- Episode **928** with **Dr. Pierre Kory**
- Episode **920** with **Dr. Ryan Cole**
- **Vladimirzelenkomd.com**
Dr. Zelenko’s website with treatment protocols
- **Americasfrontlinedoctors.org**
America’s Frontline Doctors
- **Aapsonline.org**
Association of American Physicians and Surgeons
- **Rumble.com**
Search here for videos on early treatment from doctors mentioned in this packet—youtube censors them.

How to Get Treatment

You can get both **prophylaxis** and **treatment** consultations and prescriptions via the following:

C19protocols.com

This site has lists of doctors around the country who prescribe early treatment. It also lists telemedicine services where you can speak with a doctor and get both prophylaxis and treatment.

Myfreedoctor.com

This is a great service, and it actually is **free** (you can give a donation if you choose). Consult is done through a text messaging app. Many of the **top doctors** in early treatment work for this site. Doctors will prescribe to your local pharmacy.

Americasfrontlinedoctors.org/treatment/how-do-I-get-covid-19-medication/

America's Frontline Doctors

Follow the steps on the site. Consult is done over the phone. Cost is \$90. Prescriptions are sent overnight from a pharmacy in Florida.

Speakwithanmd.com

Follow the steps on the site. Consult is done over the phone. I think the cost is \$60. Prescriptions are sent overnight from a pharmacy in Florida.

FrontlineMDs.com

Dr. Stella Immanuel, Texas and her team

Follow the steps on the site. I think that the consult is done via phone.

\$90 for prophylaxis consult. \$185 for sick patients, but that includes up to *3 follow up visits*.

Ivermectincan.com

Virtual visit with ICU doctor Dr. Mollie James

Close follow-up

\$290 for prevention, \$490 for treatment

Vladimirzelenkomd.com

Phone consultation with Dr. Vladimir Zelenko

Cost is \$250