

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)

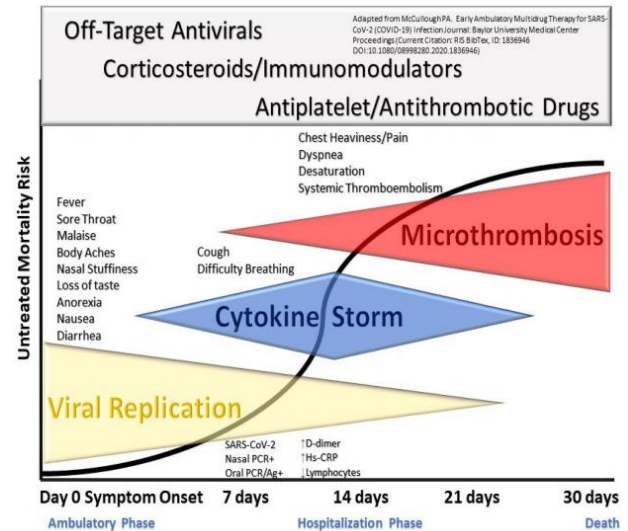
Start treatment **EARLY**, within the *first five days* of symptom onset, preferably *at* symptom onset. Start on the vitamins/supplements/washes, an anti-viral, an antibiotic, and maybe aspirin right away. If respiratory symptoms persist or worsen, you would then need an anti-inflammatory drug. Depending 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; it can also be a sign of thrombosis in the lungs. **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—Vitamins/Supplements (cont'd)

Magnesium

Magnesium is involved in many body processes and reduces cellular oxidative stress. It has been shown to alleviate asthma, inflammation, high blood pressure, and heart conditions, among others. It helps the function of Vitamin D and plays a key role in calcium regulation, which is important for disease prevention. Good forms to take are magnesium citrate, magnesium glycinate, and magnesium threonate.

Vitamin K2 (Menaquinone)

Vitamin K2 (found in animal products and fermented foods, unlike K1 that is found in plants) plays important regulation, which is important for disease prevention. It can be hard to get enough Vitamin K2 from your diet. It comes in two main supplement forms, MK-4 and MK-7.

Curcumin (Turmeric)

Curcumin is the main active ingredient in the spice turmeric. Turmeric is a yellow spice that can be added to a variety of dishes, but it is probably most known for being one of the main spices in curry powder. You can buy fresh turmeric root (similar in appearance to ginger root, but yellow on the inside) or crushed turmeric in a spice bottle. Curcumin also comes as a supplement in pill form. Curcumin has anti-viral, anti-inflammatory, antioxidant, and immunomodulating properties.

Probiotics (in particular *Bifidobacterium*)

Probiotics are the good bacteria that your body needs. They are part of your microbiome—the community of microscopic organisms in your body. Maintaining a healthy microbiome with the proper balance of good bacteria is important for health. It has been shown that having good levels of *Bifidobacterium* can be beneficial in fighting covid. *Bifidobacterium* can be found in foods such as yogurt and kefir (a fermented milk drink), and can also be found in supplement form.

B Complex Vitamins

These include vitamins B1 (Thiamine), B2 (Riboflavin), B3 (Niacin), B5 (Pantothenic Acid), B6 (Pyridoxine), B7 (Biotin), B9 (Folate), and B12 (Cobalamin). They are important for many body functions, including energy production and stimulating the immune system. In addition to specific B complex supplements, these B vitamins are also found in multi-vitamins.

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 first**. The dilution can be used as a **nasal** wash, and it can also be **gargled** (do not swallow).

The **Front Line Covid-19 Critical Care Alliance** (covid19criticalcare.com or flccc.net) recommends using a **~1% solution of povidone-iodine in water** in their **I-MASK+ Prevention and Treatment Protocol** (listed later in this packet). Since the store-bought povidone-iodine comes diluted as a 10% solution, it would have to be diluted again, 1:10, to achieve an overall solution of ~1% povidone-iodine.

You could use a **medicine dropper** or **nasal wash bottle** to apply the nasal rinse. Some doctors recommend just using a **Q-tip** (dip the Q-tip in the solution and swab it around each nostril).

Most nasal wash bottles come as part of a kit, which consists of an empty wash bottle and packets of salt/baking soda that you would mix with water to make saline. For this particular application, you would not be making saline, so do **NOT** use the packets—just use the empty bottle.

The **FLCCC Alliance** recommends the following:

- Start with an empty 250 mL nasal wash bottle
- Add 25 mL (or 1 ½ Tbsp) of the store-bought 10% povidone-iodine to the bottle
- Fill the bottle to the top with water (use distilled, sterile, or previously boiled water)
- Tilt head back, apply 4-5 drops to each nostril. Keep tilted for a few minutes, let drain.

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.

Who Qualifies (anyone with ONE or more of these conditions)	<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)
What you need to do	<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)
Who to call / Where to go	<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.

Nitazoxanide

This is an anti-parasitic drug, but with different mechanisms than Ivermectin, so it can be used in conjunction with Ivermectin or alone. It has known anti-viral properties and was studied for treating influenza. It is safe for children, as it has been used to treat children suffering from parasitic diarrhea. Unfortunately, in the US, unlike in many other countries, it is often either quite expensive or not readily available.

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.

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

Colchicine

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

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.

Cyproheptadine (brand name Periactin)

This is an anti-histamine typically used for seasonal allergies, skin reactions, and other allergic reactions.

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.

Fenofibrate

This is a cholesterol medication that has been shown to alleviate lung inflammation by breaking down fat accumulation in the air sacs of the lungs. It may also have anti-viral properties.

Atorvastatin (brand name Lipitor)

This is another medication used to lower cholesterol. It has anti-inflammatory properties.

Anti-Androgen Drugs

These are typically prostate and men's hair loss drugs. They have been shown to have anti-inflammatory and anti-thrombotic properties, and they can be used in both men and women. Examples include **Dutasteride**, **Finasteride**, and **Spirolactone**.

Early Outpatient Treatment—Anti-Coagulants

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

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

Hospital Treatment

The FLCCC Alliance has a hospital protocol called MATH+ (included later in this packet). It includes such drugs as **methylprednisolone**, **ivermectin**, and mega doses of **vitamins C and D**.

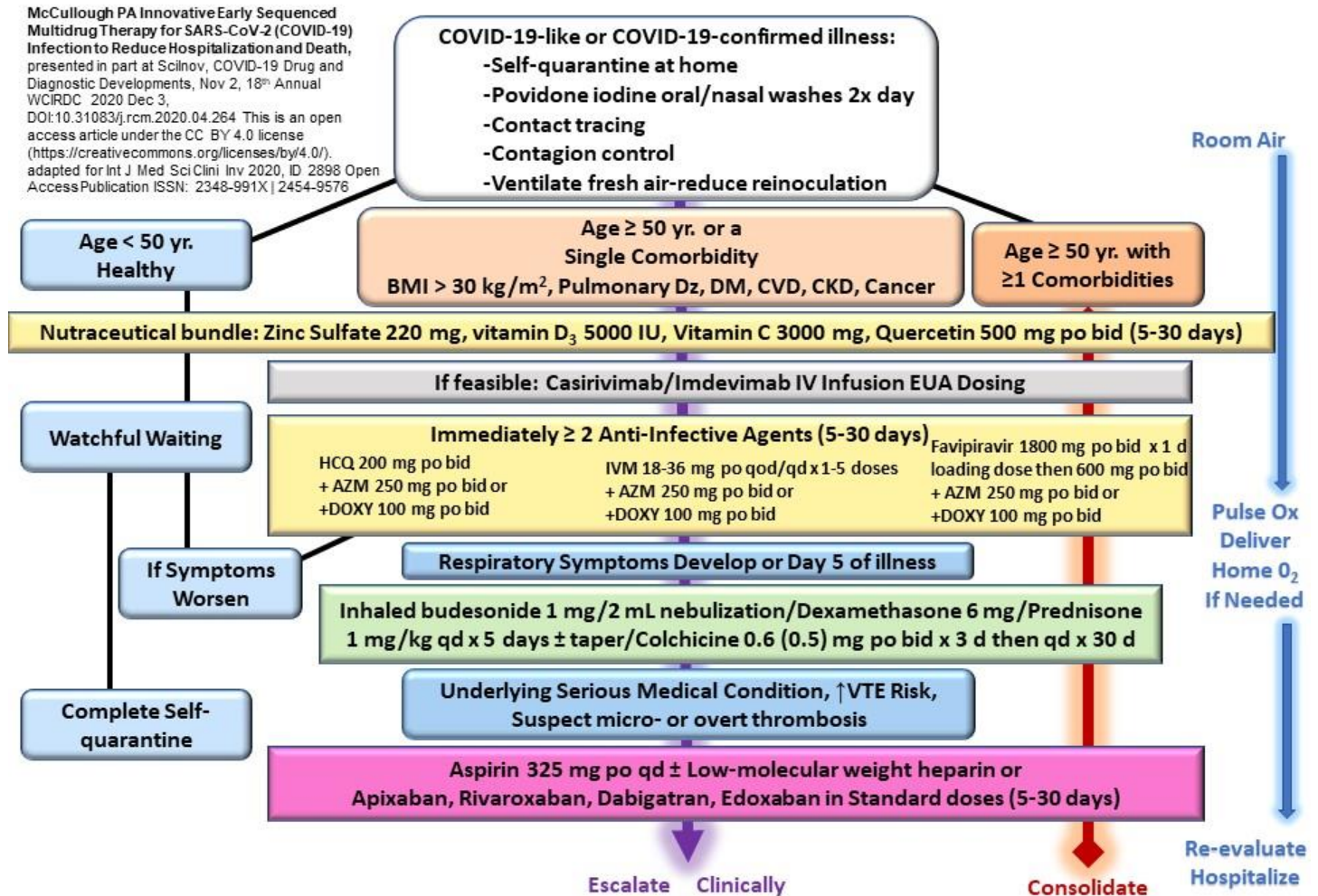
Avoid the Ventilator!!

Protocols—Early Outpatient Treatment

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

■ Early Treatment Flow Chart by Dr. Peter McCullough, Texas

aapsonline.org/covidpatientguide/



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 Epigallocatechin-gallate (EGCG) 400mg 1 time a day for 7 days
<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 Doxycycline 100mg 2 times a day for 7 days ▪ Hydroxychloroquine (HCQ) 200mg 2 times a day for 5-7 days and/or Ivermectin 0.4-0.5mg/kg/day for 5-7 days 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>Other treatment options:</p> <ul style="list-style-type: none"> ▪ Dexamethasone 6-12mg 1 time a day for 7 days or Prednisone 20mg twice a day for 7 days, taper as needed ▪ 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 ; <https://covid19criticalcare.com/new-i-mask-faqs/> for FAQs

EARLY TREATMENT PROTOCOL³ (for Delta variant)

1. First line agents (use any or all medicines; listed in order of priority/importance)

ANTI-VIRALS

Ivermectin¹

0.4–0.6 mg/kg per dose (take with or after a meal) — one dose daily, take for 5 days or until recovered. Use upper dose if: **1)** in regions with aggressive variants (e.g. Delta); **2)** treatment started on or after day 5 of symptoms or in pulmonary phase; or **3)** multiple comorbidities/risk factors.

and/or Nitazoxanide

500 mg 2 x daily for 5 days after meals. Combine with ivermectin (preferred) or substitute if ivermectin is not available. (Nitazoxanide is often unavailable or high-priced in the USA)

ANTI-SEPTIC ANTI-VIRALS

Antiviral mouthwash: Gargle 3 x daily (do not swallow; must contain chlorhexidine, povidone-iodine, or cetylpyridinium chloride). **Iodine nasal spray/drops:** Use 1% povidone-iodine commercial product as per instructions 2–3 x daily. If 1%-product not available, must first dilute the more widely available 10%-solution⁴ and apply 4–5 drops to each nostril every 4 hours. (No more than 5 days in pregnancy.)

ANTI-COAGULANTS + IMMUNE FORTIFYING

Aspirin 325 mg daily (unless contraindicated)

Vitamin D Vitamin D3 5,000 IU daily.

Preferred form if available: Calcitriol 0.5 mcg on day 1, then 0.25 mcg daily for 7 days

Melatonin 10 mg before bedtime (causes drowsiness)

ADJUNCTIVE / SYNERGISTIC THERAPIES

Quercetin 250 mg 2 x daily

Zinc 100 mg/day (elemental zinc)

Vitamin C 500–1,000 mg 2 x daily

NUTRITIONAL THERAPEUTICS

Curcumin (turmeric) 500 mg 2 x daily for 14 days

Nigella Sativa 80 mg/kg daily for 14 days

Honey 1 gram/kg daily for 14 days

PULSE OXIMETER Monitoring of oxygen saturation is recommended (for instructions see page 3)

2. Second line agents (listed in order of priority/importance)

Add to first line therapies above if:

1) ≥5 days of symptoms; 2) Poor response to therapies above; 3) Significant comorbidities.

DUAL ANTI-ANDROGEN THERAPY

1. **Spironolactone** 100 mg 2 x daily for ten days.

2. **Dutasteride** 2 mg on day 1, followed by 1 mg daily for 10 days.
If dutasteride not available, use **Finasteride** 10 mg daily for 10 days.

FLUVOXAMINE

50 mg 2 x daily for 10 days⁵

Consider **Fluoxetine** 30 mg daily for 10 days as an alternative (it is often better tolerated).
Avoid if patient is already on an SSRI.

MONOCLONAL ANTIBODY THERAPY

Casirivimab/imdevimab⁶

600 mg each in a single subcutaneous injection. Antibody therapy is for patients within 7 days of first symptoms and one or more risk factors as: Age > 65y; BMI > 25; pregnancy; chronic lung, heart, or kidney disease; diabetes; immunosuppressed; developmental disability; chronic tracheostomy; or feeding tube.

1 The dosing may be updated as further scientific studies emerge. The safety of ivermectin in pregnancy has not been definitively established. Use in the 1st trimester should be discussed with your doctor.

2 To use if a household member is COVID-19 positive, or you have prolonged exposure to a COVID-19 positive patient without wearing a mask.

3 For late phase – hospitalized patients – see the FLCCC's "MATH+ Hospital Treatment Protocol for COVID-19" on www.flccc.net

4 To make 1% povidone/iodine concentrated solution from 10% povidone/iodine solution, it must be diluted first.

One dilution method is as follows:

- First pour 1½ tablespoons (25 ml) of 10% povidone/iodine solution into a nasal irrigation bottle of 250 ml.
- Then fill to top with distilled, sterile or previously boiled water.
- Tilt head back, apply 4–5 drops to each nostril. Keep tilted for a few minutes, let drain.

5 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.

6 This medication requires an infusion center. To find the nearest location in the U.S., visit www.infusioncenter.org or call for eligibility and location 1-877-332-6585 for English and 1-877-366-0310 for Spanish

7 The I-MASK+ protocol is a bridge to vaccines and a safety net for those who cannot or have not been vaccinated; or are vaccinated and have concerns regarding declining protection against emerging variants. Vaccines have shown efficacy in preventing the most severe outcomes of COVID-19 and are an important part of a multi-modal strategy that must also include early treatment. The decision to get a vaccine should be made in consultation with your health care provider.

Protocols—Early Outpatient Treatment (cont'd)

▪ **Delta Treatment Protocol by Dr. Richard Urso, Texas**

twitter.com/richardursomd; [Webinar on Delta Variant, 8/21/21](#)

IVM and/or HCQ 6-10 days
Cyproheptadine 4 bid daily 14 days
Singulair 10 daily 14 days
Pepcid 40-80 daily 14 days

Decadron 6-10 twice daily/and or
oral steroids 6-10 days

Z pak/antibiotic
D3 40-50k for five days (Fifty
thousand)
Melatonin 20 qd for 14 days
Aspirin or (check a d dimer (lovenox
80) one month

This is a list of the options that Dr. Urso uses to treat the Delta variant. Dr. Urso emphasizes that it's not about ONE drug. For example, if you can't get Ivermectin or Hydroxychloroquine, you can use other drugs on the list and still be treated successfully. If you are on the steroids, he recommends lowering your sugar intake.

No carb
I suggest bone broth and water
Stop the sugary drinks

▪ **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
<p style="text-align: center;">Tab Dosage</p> <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 15
2021-09-18

TO CONTROL INFLAMMATION AND 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.

MEDICATION	INDICATION/INITIATION	RECOMMENDED DOSING	TITRATION/DURATION
A. CORE MEDICATION			
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: www.flccc.net/respiratory-support-c19	A1. If no improvement in oxygenation in 1–3 days, double dose to 160 mg/daily. A2. Upon need for $\text{FIO}_2 > 0.6$ 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 \times 5 days then 10 mg/day \times 5 days
	B. <i>Refractory Illness/ Cytokine Storm</i>	“Pulse” dose with 1 gram daily \times 3 days	Continue \times 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	$\text{O}_2 < 4 \text{ L}$ on hospital ward	500–1000 mg oral every 6 hours	Until discharge
	$\text{O}_2 > 4 \text{ L}$ or in ICU	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 \times 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	

Protocol—Hospital Treatment (cont'd)

MATH+ Hospital Protocol by FLCCC Alliance (cont'd)

B. FIRST LINE ADJUNCTIVE THERAPY (use in all hospitalized patients)

Ivermectin¹	<i>Hospitalized patients</i>	0.6 mg/kg per dose — daily ² (take with or after a meal)	For 5 days or until recovered
Nitazoxanide	<i>Hospitalized patients</i>	500 mg twice daily — (take with or after a meal)	For 5 days or until recovered
Dual Anti-Androgen Therapy	<i>Hospitalized patients</i>	1. Spironolactone 100 mg twice daily 2. Dutasteride 2 mg on day 1, followed by 1 mg daily — or Finasteride 10 mg daily	14 days or until discharge from hospital
	<i>ICU Patients</i>	1. Flutamide 250 mg TID — or Bicalutamide 150 mg daily 2. Dutasteride 2 mg on day 1, followed by 1 mg daily — or Finasteride 10 mg daily	14 days or until discharge from hospital
Vitamin D	<i>Hospitalized patients</i>	Calcitriol: 0.5 mcg on day 1, then 0.25 mcg daily	7 days
Melatonin	<i>Hospitalized patients</i>	6–12 mg PO at night	Until discharge

C. SECOND LINE ADJUNCTIVE THERAPY (use in addition to first line adjunctive therapies in all ICU patients)

Fluvoxamine³	<i>Hospitalized patients</i>	50 mg PO twice daily — consider fluoxetine 30 mg daily as an alternative (it is often better tolerated)	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
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
Atorvastatin	<i>ICU Patients</i>	80 mg PO 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, TID = three times daily

Notes

- ¹ 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.
- ² Based on strong dose-dependent effects, high margin of safety around dosing, and accumulating clinical experience in Delta, doses up to 1.0mg/kg can and should be used in the more severely ill. Information on the safety of high dose ivermectin can be found here: www.flccc.net/flccc-information-evidence-for-safety-of-ivermectin (PDF) / FAQ: www.flccc.net/ivermectin-in-covid-19/faq-on-ivermectin/#ivermectin-safety
- ³ 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

PREVENTION PROTOCOL (for Delta variant)

ANTI-VIRALS & ANTISEPTICS

Ivermectin¹

Chronic Prevention

0.2 mg/kg per dose (take with or after a meal) — twice a week for as long as disease risk is elevated in your community.

Post COVID-19 Exposure Prevention²

0.4 mg/kg per dose (take with or after a meal) — one dose today, repeat after 48 hours.

Gargle mouthwash

2 x daily — gargle (do not swallow) antiseptic mouthwash with cetylpyridinium chloride (e.g. Scope™, Act™, Crest™), 1% povidone/iodine solution or Listerine™ with essential oils.

IMMUNE FORTIFYING / SUPPORTIVE THERAPY

Vitamin D3 1,000–3,000 IU/day

Vitamin C 500–1,000 mg 2 x daily

Quercetin 250 mg/day

Zinc 30–40 mg/day (elemental zinc)

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

- **EarlyTreatmentReport.com**
Aggregator of Early Treatment Information
- **EarlyCovidCare.org**
Outstanding website that lists Protocols, Research Studies, Doctors who prescribe treatment, and Videos featuring physicians who prescribe early treatment
- **C19protocols.com**
Excellent website that lists Protocols, Research Studies, and Doctors who prescribe treatment
- **Aapsonline.org/covidpatientguide/**
Association of American Physicians and Surgeons
Excellent Guide about Early Treatment to read and print out for yourself and your doctor
- **Truthforhealth.org/patientguide/**
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
- **Vimeo.com/591952240**
Webinar with Dr. Peter McCullough, 8/24/21 on Early Covid Treatment and Vaccine Safety/Efficacy
- **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
- **Vladimirzelenkomd.com**
Dr. Zelenko's website with treatment protocols
- **Americasfrontlinedoctors.org**
America's Frontline Doctors
- **Rumble.com and Odysee.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:

EarlyTreatmentReport.com/how-to-get-treatment

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.

EarlyCovidCare.org and C19protocols.com

These sites list prescribing doctors and 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*.

Synergyhealthdpc.com/covid-care/

Synergy Health Direct Primary Care

Covid Prophylaxis and Treatment packages starting at \$150

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

Important Pharmacy Information

The FLCCC put together a guide with information on what to do if a pharmacy is giving you trouble about filling a prescription for ivermectin. The guide can be found [HERE](#) or at flccc.net.