

EARLY



COVID

TREATMENT

Packet

By,

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Last Updated 1/17/23

Table of Contents

Introductory Letter.....	3
Stages of the Virus.....	4
Keys to Early Outpatient Treatment.....	4
Testing.....	4
Pulse Oximeter.....	5
Nebulizer.....	5
Early Outpatient Treatment—Vitamins/Supplements.....	5 - 6
Early Outpatient Treatment—Mouth & Nasal Washes.....	7
Early Outpatient Treatment—Anti-Virals.....	8 - 9
Early Outpatient Treatment—Antibiotics.....	9
Early Outpatient Treatment—Anti-Inflammatory Drugs.....	9 - 10
Early Outpatient Treatment—Anti-Coagulants.....	10
Hospital Treatment.....	10
Protocols—Early Outpatient Treatment.....	11 - 16
Protocol—Hospital Treatment.....	16
Protocols—Prophylaxis.....	17 - 19
Protocols—RSV and Flu.....	20
Protocol—Long Covid Treatment.....	21 - 22
Protocol—Vaccine Injury Treatment.....	22
Resources.....	23
How to Get Treatment.....	24 - 25
Important Pharmacy Information.....	25

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)

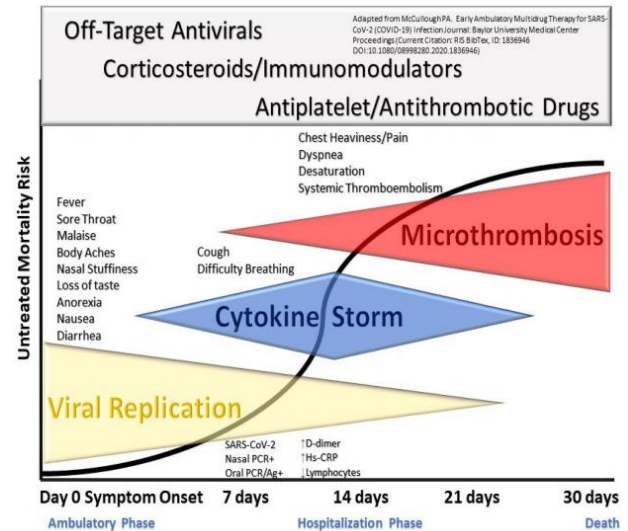
Start treatment **EARLY**, within the *first five days* of symptom onset, preferably *at* symptom onset. Start on the vitamins/supplements/washes, an anti-viral, an antibiotic, and maybe aspirin right away. If respiratory symptoms persist or worsen, you would then need an anti-inflammatory drug. Depending 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** for example)—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.



Nebulizer

Some of the treatments, such as **inhaled budesonide**, are administered through a nebulizer, so it might be a good idea to have one on hand. A desktop version (one that plugs in) with a battery back-up is better than a hand-held battery powered version.



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.

Early Outpatient Treatment—Vitamins/Supplements (cont'd)

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.

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.

Nigella Sativa (Black Cumin Seed or Black Seed)

Black seed is the seed of the Nigella Sativa plant. The seed and the seed oil have been shown to have anti-viral, anti-microbial, antioxidant, anti-inflammatory, and immunomodulating properties. Black seeds can be eaten raw or used in cooking; the seeds can also be ground into a powder and consumed that way. Black seed oil comes encapsulated in pill form as well.

Z-Stack Vitamins and Z-DTox Vitamins

Formulated by Dr. Vladimir Zelenko. Z-Stack includes Quercetin, Zinc, Vitamin D₃, and Vitamin C. Z-DTox includes EGCG, NAC, Zinc, Vitamin D₃, and Vitamin C. More info at www.zstacklife.com.

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

The latest monoclonal antibody treatment for the omicron variants is **bebtelovamib** from Eli Lilly (past mAbs for other variants were Regeneron’s casirivimab/imdevimab, Eli Lilly’s bamlanivimab/etesevimab, and GSK’s sotrovimab). 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. It’s typically for high risk patients ages 12+, but “high risk” includes more people than you’d think. Also, the qualifications vary from state to state, so check your state’s guidelines. 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. There is also a monoclonal antibody cocktail called **Evusheld** from AstraZeneca that can be used for pre- or post-exposure prophylaxis in high-risk patients.

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)▪ Sick 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 https://covid-19-therapeutics-locator-dhhs.hub.arcgis.com/ to find a clinic near you.▪ Also try locator.infusioncenter.org▪ 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 did work (it has actually been shown to be deadly, causing kidney and liver failure), it would have to be given **EARLY** during the viral replication stage of the virus. In addition, remdesivir is quite expensive, whereas much more effective HCQ and ivermectin are incredibly cheap. For more info on remdesivir malfeasance, [read this article](#) and [this article](#) by Daniel Horowitz of Blaze Media.

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 **Spironolactone**.

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**.

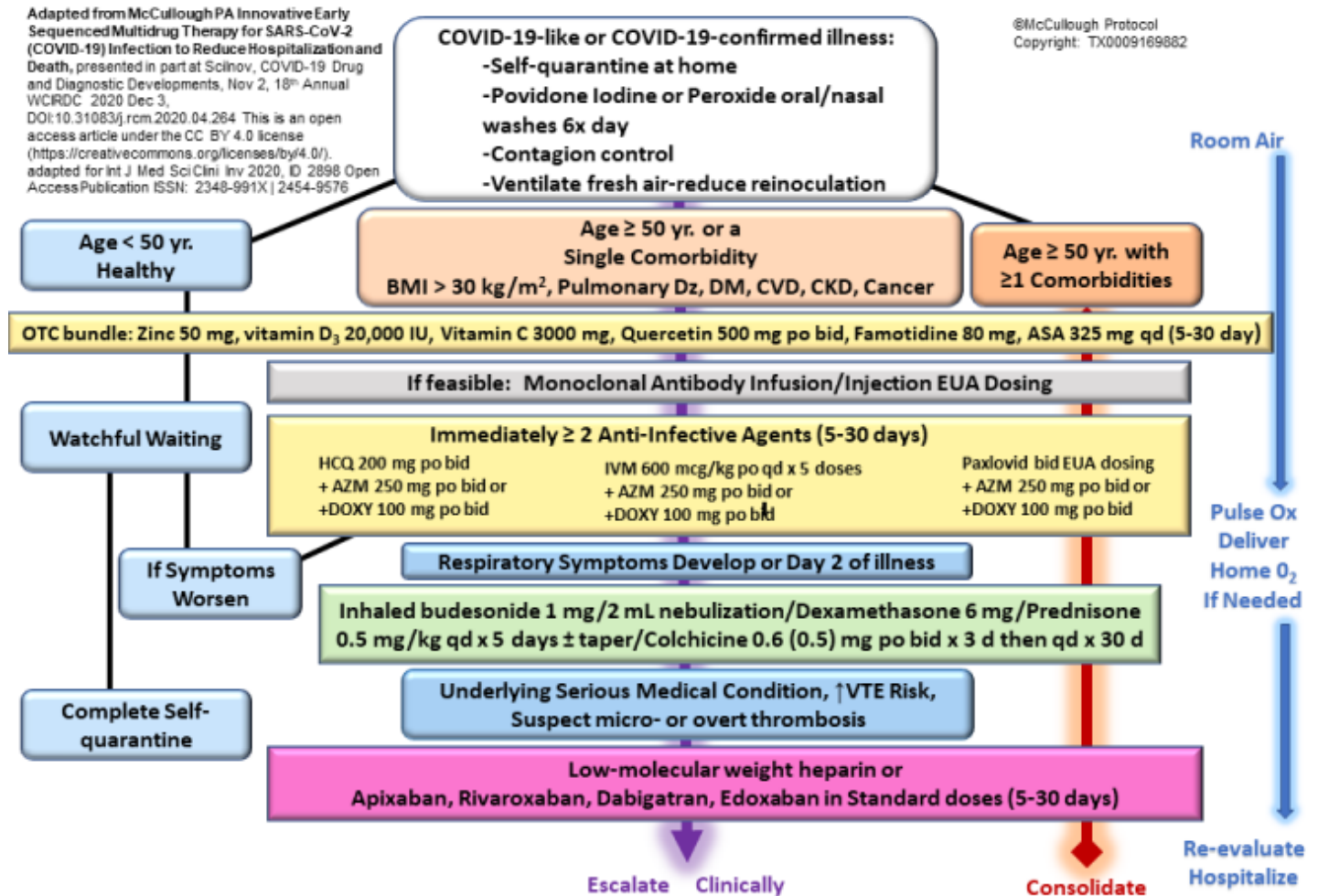
Avoid the Ventilator!!

Protocols—Early Outpatient Treatment

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

■ McCullough Protocol© by Dr. Peter McCullough, Texas

aapsonline.org/covidpatientguide/; petermcculloughmd.com



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** 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 <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 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-CARE 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/covid-19-protocols/i-care-early-covid-treatment/>

I-CARESM

EARLY COVID TREATMENT

FIRST LINE THERAPIES

In order of priority; not all required.

- **Ivermectin:** 0.4 to 0.6 mg/kg – one dose daily for at least 5 days or until symptoms resolve.
If symptoms persist longer than 7 days, consult a healthcare provider. See Table 1 for help with calculating correct dose. Due to a possible interaction between quercetin and ivermectin, these drugs should be staggered throughout the day (see Table 2). For COVID treatment, ivermectin is best taken with a meal or just following a meal, for greater absorption.
- **Hydroxychloroquine (HCQ):** 200 mg twice a day for 5 to 10 days.
Best taken with zinc. HCQ may be taken in place of, or together with, ivermectin. While ivermectin should be avoided in pregnancy, the FDA considers HCQ safe in pregnancy. Given the pathway used by the Omicron variant to gain cell entry, HCQ may be the preferred drug for this variant.
- **Mouthwash:** 3 times a day.
Gargle three times a day (do not swallow) with an antiseptic-antimicrobial mouthwash containing chlorhexidine, cetylpyridinium chloride (e.g., Scope™, Act™, Crest™) or 1% povidone-iodine.
- **Nasal spray with 1% povidone-iodine:** 2-3 times a day.
Do not use for more than 5 days in pregnancy. If 1% product is not available, dilute the more widely available 10% solution (see box) and apply 4-5 drops to each nostril every 4 hours.
- **Quercetin (or a mixed flavonoid supplement):** 250 - 500 mg twice a day.
Due to a possible interaction between quercetin and ivermectin, these drugs should not be taken simultaneously (i.e., should be staggered at different times of day.) As supplemental quercetin has poor solubility and low oral absorption, lecithin-based and nanoparticle formulations are preferred.
- **Nigella sativa:** If using seeds, take 80 mg/kg once a day (or 400 to 500 mg of encapsulated oil twice a day).
- **Honey:** 1 g/kg one to two times a day.
- **Melatonin:** 5-10 mg before bedtime (causes drowsiness).
Slow- or extended-release formulations preferred.
- **Curcumin (turmeric):** 500 mg twice a day.
Curcumin has low solubility in water and is poorly absorbed by the body; consequently, it is traditionally taken with full fat milk and black pepper, which enhance its absorption.
- **Zinc:** 75-100 mg daily.
Take with HCQ. Zinc supplements come in various forms (e.g., zinc sulfate, zinc citrate and zinc gluconate).
- **Aspirin:** 325 mg daily (unless contraindicated).
- **Kefir and/or Bifidobacterium Probiotics.**
NOTE: Depending on the brand, these products can be very high in sugar, which promotes inflammation. Look for brands without added sugar or fruit jellies and choose products with more than one strain of lactobacillus and bifidobacteria. Try to choose probiotics that are also gluten free, casein free and soy free.
- **Vitamin C:** 500-1000 mg twice a day.

HOW TO MAKE 1% POVIDONE- IODINE CONCENTRATED SOLUTION

- Pour 1 ½ tablespoons (25 ml) of 10% povidone-iodine solution into a 250 ml nasal irrigation bottle.
- Fill bottle to top with distilled, sterile, or previously boiled water.
- To use: tilt head back, apply 4-5 drops to each nostril. Keep head tilted for a few minutes, then let drain.

Protocols—Early Outpatient Treatment (cont'd)

■ I-CARE Protocol by FLCCC Alliance (cont'd)



FIRST LINE THERAPIES (continued from page 1)

■ Home pulse oximeter

Monitoring of oxygen saturation is recommended in symptomatic patients, due to asymptomatic hypoxia. Take multiple readings over the course of the day and regard any downward trend as ominous. Baseline or ambulatory desaturation under 94% should prompt consultation with primary or telehealth provider, or evaluation in an emergency room. (See box for further guidance.)

- Only accept values associated with a strong pulse signal
- Observe readings for 30–60 seconds to identify the most common value
- Warm up extremities prior to taking a measurement
- Use the middle or ring finger
- Remove nail polish from the finger on which measurements are made

SECOND LINE THERAPIES

In order of priority/importance.

Add to first line therapies above if: 1) more than 5 days of symptoms; 2) poor response to first line agents; 3) significant comorbidities).

- **Nitazoxanide:** 500 mg twice a day for 5 days.
- **Vitamin D3:** For patients with acute COVID-19 infection, calcifediol as dosed in Table 3 is suggested.
- **B complex vitamins.**
- **Fluvoxamine:** 25-50 mg twice a day.
Can substitute fluoxetine (Prozac; 20-40mg daily) if fluvoxamine not available.
NOTE: 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 behaviour.
- **N-acetyl cysteine (NAC):** 600-1200 mg orally twice a day.
- **Omega-3 fatty acids:** 4 g daily.
Vascepa (Ethyl eicosapentaenoic acid); Lovaza (EPA/DHA); or alternative DHA/EPA. Vascepa and Lovaza tablets must be swallowed and cannot be crushed, dissolved, or chewed.

Protocols—Early Outpatient Treatment (cont'd)

■ 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 used 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

[The Desert Review](#)

Initial Protocol

- | | | |
|--|----|---|
| <ul style="list-style-type: none"> ■ HCQ 400mg twice a day on Day 1; 200mg three times a day on Days 2-5 ■ Zinc sulfate 220mg or elemental zinc 50mg twice a day ■ Azithromycin 500mg daily (or z-pak) or doxycycline 100mg twice a day ■ Ivermectin 12-18mg on Day 1 and Day 3 and then on Day 5 if symptoms warrant ■ Aspirin 325mg daily ■ Vitamin D3 5000iu daily ■ Pepcid 20mg daily | OR | <ul style="list-style-type: none"> ■ HCQ 200mg twice a day for 5 days ■ Zinc sulfate 220mg or elemental zinc 50mg daily ■ Ivermectin 18mg daily for 2 days minimum and continue daily until recovered up to a maximum of 5 days ■ Aspirin 325mg daily ■ Vitamin D3 5000iu daily ■ Pepcid 20mg daily ■ Take HCQ 200mg every week on same day until the pandemic is over |
|--|----|---|

If respiratory symptoms increase:

- Prednisone 40-60mg daily x 5-7 days or Dexamethasone 4mg twice a day if O₂ sat < 94 or wheezing or shortness of breath
- Budesonide 0.5-1mg/2ml via nebulizer twice a day
- Colchicine 0.6mg twice a day x 3 days then 0.6mg daily x 10 days
- Fluvoxamine 100mg twice a day x 5 days

For respiratory symptoms with DELTA variant:

1. Obtain Chest X-ray
2. Dexamethasone 6mg by intramuscular injection or 8mg orally
3. Budesonide 0.5mg/3ml four times daily via nebulization
4. Montelukast (Singulair) 10mg orally daily
5. Cyproheptadine 8mg orally four times a day
6. Colchicine 0.6mg orally daily
7. Fenofibrate 50mg orally three times a day
8. Aspirin 325mg orally daily

Protocols—Early Outpatient Treatment (cont'd)

- **Treatment Protocol by Dr. Mary Bowden, Texas**
breathemd.org

For a young, healthy person with minimal symptoms:

- Vitamin D3 4000IU per day
- Vitamin C 1000mg twice a day
- Quercetin 250mg twice a day
- Zinc 100mg per day
- Melatonin 10mg before bed
- Pepcid 20mg a day
- Aspirin 325mg a day
- Pulse oximeter - monitor blood oxygen level
- Rinse nose and throat with saline + 1/4 teaspoon Betadine three times a day

For anyone with severe symptoms or for high-risk patients with mild symptoms :

- Continue Vitamin C 1000mg twice a day, Quercetin 250mg twice a day, Zinc 100mg per day, Pepcid 20mg per day, Melatonin 10mg before bed.
- Increase Vitamin D3 to 5000IU per day
- Consider Ivermectin 0.5mg/kg, take once a day for 5 days.
- Consider hydroxychloroquine 200mg twice a day for 5 days.
- Consider Fluvoxamine 50mg twice a day.
- Consider Spironolactone 100mg twice a day.
- Consider Dutasteride 2mg on day 1 and then 1mg on days 2- 10
- IV Monoclonal Antibodies
- Breathing treatments: Nebulized budesonide, albuterol, and hypertonic saline

Protocol—Hospital Treatment

- **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;
<https://covid19criticalcare.com/covid-19-protocols/math-plus-protocol/>



Click [HERE](#) for the protocol

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-Prevent 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/covid-19-protocols/i-prevent-covid-protection-protocol/>

I-PREVENTSM

COVID, FLU AND RSV PROTECTION

PRE-EXPOSURE PREVENTION

(recommended for healthcare workers, and for high-risk individuals such as those over 60 years old and those with comorbidities.)

- **Antiseptic antimicrobial mouthwash; gargle twice daily (do not swallow)**
Choose mouthwashes containing chlorhexidine, povidone-iodine, cetylpyridinium chloride, or the combination of eucalyptus, menthol, and thymol.
- **Vitamin D; dosing varies; optimal target is greater than 50 ng/ml**
[Table 1](#) presents a safe and practical treatment schedule for raising serum concentrations in non-urgent situations. The dosing schedule illustrated in [Table 2](#) should be used when recent serum concentration levels are unavailable.
- **Vitamin C: 500 mg twice daily**
The effects of Vitamin C on the course of upper respiratory tract infections have long been recognized.
- **Zinc; 20-50 mg daily**
Commercial zinc supplements are commonly formulated as zinc oxide or salts with acetate, gluconate, and sulfate.
- **Melatonin; 1-6 mg nightly (slow/extended release)**
Begin with 1 mg and increase as tolerated to 6 mg at night. Causes drowsiness. Some patients are intolerant to melatonin, having very disturbing and vivid dreams; in these patients, it may be best to start with a 0.3 mg slow-release tablet and increase slowly, as tolerated.
- **Elderberry syrup, supplements or gummies; follow manufacturer's dosing recommendations**
Take during periods of high transmission of COVID-19, influenza, and RSV. A triple combination containing elderberry, Vitamin C, and zinc may be a convenient approach. Patients with autoimmune disease should take for 2 weeks or less and monitor their symptoms closely.
- **Resveratrol/Quercetin/Pterostilbene Combination Flavonoid supplement; 400-500 mg daily**
The safety of these phytochemicals has not been determined in pregnancy and they should therefore be avoided. Due to the possible drug interaction between quercetin and ivermectin, these drugs should not be taken simultaneously (i.e., should be staggered morning and night).
- **Ivermectin**
In the current situation of abundant natural immunity along with the recent circulation of less severe and more highly transmissible variants, chronic weekly or bi-weekly ivermectin prophylaxis is no longer applicable to most people.
 - Bi-weekly ivermectin at 0.2mg/kg; can be considered in those with significant comorbidity and lack of natural immunity or immunosuppressive states or those with long COVID or post-vaccine syndrome who are not already on ivermectin as treatment
 - Daily ivermectin just prior to and during periods of high possible exposure such as travel, weddings, conferences, etc.
 - Immediate initiation of daily ivermectin at treatment doses (0.4mg/kg) upon first symptoms of a viral syndrome

Protocols—Prophylaxis (cont'd)

■ I-Prevent Protocol by FLCCC Alliance (cont'd)



POST-EXPOSURE PREVENTION

(recommended if a household member is COVID-positive or if you have had prolonged exposure to COVID but have not developed symptoms.)

■ **Naso-Oropharyngeal hygiene (Nasal Spray and Mouthwash);** 2-3 times daily

The combination of nasal antiseptic sprays and oropharyngeal mouthwashes is strongly suggested. Choose a nasal spray with 1% povidone-iodine (for example Immune Mist™, CofixRX™ or Ionovo™) and a mouthwash containing chlorhexidine, povidone-iodine, cetylpyridinium chloride (e.g., Scope™, Crest™ or Act™), or the combination of eucalyptus, menthol, and thymol (Listerine™).

■ **Elderberry;** four times daily as per manufacturer's directions for 1 week (gummy, supplement, or syrup)

■ **Vitamin C:** 500-1000 mg four times daily for 1 week

■ **Elemental Zinc;** 50-90 mg daily for 1 week

■ **Melatonin;** 2-5 mg at night (slow/extended release)

■ **Resveratrol/Combination Flavonoid supplement;** 500 mg twice daily

A flavonoid combination containing resveratrol, quercetin and pterostilbene is recommended.

Optional with documented exposure to COVID-19 (positive test)

■ **Ivermectin:** 0.4 mg/kg immediately, then repeat second dose in 24 hours; and Hydroxychloroquine (HCQ): 200 mg twice a day for 5 days. **OR**

■ **Nitazoxanide** 500-600 mg twice daily for 5 days

■ **Post-Exposure Prophylaxis Protocol by Dr. Mary Bowden, Texas** breathemd.org

For prevention after exposure:

- Vitamin D3 3000IU per day
- Vitamin C 1000mg twice a day
- Quercetin 250mg twice a day
- Zinc 40 mg a day
- Melatonin 6mg before bed
- Rinse nose with saline + 1/4 teaspoon Betadine twice a day.
- Consider Ivermectin 0.4mg/kg x 1 and then another dose 48 hours later.
- Monoclonal Antibodies (if high-risk for severe disease)

Protocols—Prophylaxis (cont'd)

- **Zelenko Prophylaxis Protocol by Dr. Vladimir Zelenko**
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.

Protocol—RSV and Flu Treatment

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

- **I-CARE Protocol for RSV and Flu 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/treatment-protocols/flu-rsv-treatment/>

I-CARESM

RSV AND FLU TREATMENT

TREATMENT OF INFLUENZA AND RSV

Not symptom specific; listed in order of importance.

This protocol should also be used in patients with an undiagnosed flu-like illness, i.e., those who have not been tested or those whose tests are negative. We would suggest this treatment protocol in those with diagnosed Respiratory Syncytial Virus (RSV); however, in low-risk patients with mild RSV we would suggest omitting Nitazoxanide/ivermectin.

- **Nasal spray:** 2-3 times a day
A 1% povidone-iodine nasal spray and a nasal spray with Iota-Carrageenan are potent inhibitors of SARS-CoV-2 and influenza virus, and dramatically alter the course of infections with these viruses. Nasal irrigations with saline as well as neutral electrolyzed water may also be of some benefit.
- **Mouthwash:** 2-3 times daily
Antiseptic-antimicrobial mouthwashes have been shown to inhibit replication of multiple respiratory viruses, including influenza and RSV. We recommend products containing chlorhexidine, povidone-iodine, cetylpyridinium chloride (e.g., Scope™, Act™, Crest™), or the combination of eucalyptus, menthol, and thymol (Listerine™).
- **Elderberry:** 4 times daily, according to manufacturer's dosing guidelines
- **Vitamin C:** 500-1000 mg, 4 times daily
Vitamin C has important anti-inflammatory, antioxidant, and immune-enhancing properties, including increased synthesis of type I interferons. The effects of Vitamin C on the course of upper respiratory tract infections have long been recognized.
- **Nitazoxanide:** 500 mg, 2 times daily
Nitazoxanide (NTZ), an oral antiparasitic drug, has activity against many protozoa and helminths and – like ivermectin – has been shown to have antiviral, anti-inflammatory, and immune-modulatory effects and broad spectrum antiviral activity that includes influenza virus, RSV, and SARS-CoV-2.
- **Ivermectin:** 0.4 mg/kg daily for 5 days
In-vitro (test tube) studies suggest that ivermectin has broad antiviral activity against RNA viruses including influenza. However, there is no (published) clinical data on the use of ivermectin in the treatment of influenza. Therefore, we recommend ivermectin as part of a multi-drug regimen when nitazoxanide is not available. Ivermectin is best taken with a meal. This drug should be avoided in pregnancy and in patients taking calcineurin inhibitors (cyclosporine and Prograf).
- **Zinc:** 50-90 mg daily
Zinc is essential for innate and adaptive immunity, with zinc deficiency being a major risk factor for influenza. Due to competitive binding with the same gut transporter, prolonged high-dose zinc (> 50mg day) should be avoided, as this is associated with copper deficiency. Commercial zinc supplements contain 7 to 80 mg of elemental zinc and are commonly formulated as zinc oxide or salts with acetate, gluconate, and sulfate.
- **N-acetylcysteine (NAC):** 600-1200 mg orally, 2 times daily
NAC, the precursor of reduced glutathione, penetrates cells where it is deacetylated to yield L-cysteine, thereby promoting glutathione (GSH) synthesis. NAC has a broad range of antioxidant, anti-inflammatory, and immune-modulating mechanisms.
- **Sunlight and photobiomodulation (PBM):** 30 minutes daily
PBM is also known as low-level light therapy, red light therapy, and near-infrared light therapy. Sunlight has great therapeutic powers. Apart from stimulating Vitamin D synthesis, red and near-infrared light have a profound effect on human physiology, notably acting as a mitochondrial stimulant and increasing ATP production.

When it is neither feasible nor practical to expose yourself to midday sunshine, patients can expose themselves to red and near-infrared radiation from LED panels or incandescent lamps.
- **Melatonin:** 5-10 mg nightly
Melatonin is a potent antioxidant with important anti-inflammatory effects. Slow- or extended-release preparations are preferred. If 10 mg is not well tolerated, cut the dose to 5 mg, and slowly increase as tolerated.
- **Symptomatic treatments**
In patients who are highly symptomatic, over the counter “flu” preparations with acetaminophen, antihistamines, and a decongestant are suggested.

Protocol—Long Covid Treatment

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

- **I-RECOVER 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/covid-19-protocols/i-recover-long-covid-treatment/>

I-RECOVER

LONG COVID TREATMENT

An Approach to Treating Long COVID

Up to 80% of patients experience prolonged illness after COVID-19, characterized by prolonged malaise, headaches, generalized fatigue, sleep difficulties, hair loss, smell disorder, decreased appetite, painful joints, dyspnea, chest pain and cognitive dysfunction. Long COVID may persist for months after acute infection, and it is likely that patients who did not receive adequate treatment during the symptomatic phase are much more likely to develop long COVID. Treatment should be individualized to clinical signs and symptoms.

FIRST LINE THERAPIES

In order of priority; not all required.

- **Prednisone:** 10-15 mg daily for 3 weeks. Taper to 10 mg for three days, then 5 mg for three days, then stop.
- **Ivermectin:** 0.2–0.3 mg/kg daily for 2-3 weeks.
- **Low dose naltrexone (LDN):** Begin with 1 mg daily, increase to 4.5 mg daily as required.
May take 2-3 months for full effect.
- **Intermittent daily fasting and/or periodic daily fasts:**
Fasting promotes autophagy, the body's protective mechanism to remove misfolded, foreign and damaged proteins. It also promotes mitophagy and the release of stem cells. It is likely that promoting autophagy will aid in the removal of the spike protein. NOTE: Hydroxychloroquine inhibits autophagy and should be avoided in patients undergoing intermittent fasting.
- **Spermidine and/or Resveratrol:**
These compounds have been demonstrated to augment autophagy. Wheatgerm, mushrooms, grapefruit, apples and mango are high natural sources of spermidine. A bio-enhanced formulation containing trans-resveratrol from Japanese Knotwood Root appears to have good bio-availability.
- **Melatonin:** 8 mg at night (slow release/extended release preferred).
Patients should pay attention to good sleep habits. Increase dose from 1 mg as tolerated (may cause severe bad dreams at high dosages).
- **Vitamin D:**
The majority of those with long COVID continue to have Vitamin D deficiency. Patients may require a loading dose based on baseline Vitamin D levels ([see Table 2](#)). If baseline levels are unknown, the needed dose can be calculated from body weight or BMI ([see Table 3](#)).
- **Omega-3 fatty acids:** Vascepa, Lovaza or DHA/EPA 4 g day.
- **Aspirin:** 81 mg daily.
- **Curcumin (turmeric):** 500 mg twice daily.

Protocol—Long Covid Treatment (cont'd)

■ I-RECOVER Protocol by FLCCC Alliance (cont'd)

SECOND LINE THERAPIES

If symptoms do not improve after 1-2 weeks continue steroids, Omega-3 fatty acids and LDN and add second line therapies as below.

- **Fluvoxamine:** 50 mg twice daily.
Start on a low dose of 12.5 mg/day and increase slowly as tolerated. Stop if the symptoms increase. Caution with the use of other antidepressants and psychiatric drugs. Taper and discontinue once symptoms improve.
NOTE: 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 behaviour.
- **Hydroxychloroquine (HCQ):** 200 mg twice daily for 1-2 weeks, then reduce as tolerated to 200 mg daily.
HCQ is the preferred second line agent. With long term usage, the dose should be reduced (100 mg or 150 mg daily) in patients weighing less than 61 kg (135 lbs).
- **Intravenous Vitamin C:** 25 g/week, together with oral Vitamin C 1000 mg (1 gram) 2-3 times daily.
Oral Vitamin C is important to provide nutrients for the microbiome. Total daily doses of 8-12 g have been well-tolerated, however chronic high doses have been associated with the development of kidney stones, so the duration of therapy should be limited. Wean IV Vitamin C as tolerated.
- **Mitochondrial energy optimizer** with pyrroloquinoline quinone (e.g., Life Extension Energy Optimizer or ATP 360®).
- **N-acetyl cysteine (NAC):** 600-1500 mg/day.

THIRD LINE THERAPIES

- **Maraviroc:** 300 mg by mouth twice daily.
If 6-8 weeks have elapsed and significant symptoms persist despite first and second line treatment, this drug can be considered. Note maraviroc can be expensive and it has risk for significant side effects and drug interactions.
- **Non-invasive brain stimulation (NIBS):** using transcranial direct current stimulation or transcranial magnetic stimulation.
NIBS is painless, extremely safe, and easy to administer. NIBS is offered by many Physical Medicine and Rehabilitation Centers. Patients may also purchase an FDA-approved device for home use.

Protocol—Vaccine Injury Treatment

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

- **I-RECOVER 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/covid-19-protocols/i-recover-post-vaccine-treatment/>

I-RECOVERSM
POST-VACCINE TREATMENT PROTOCOL

Click [HERE](#) for the protocol

Resources

- **EarlyTreatmentReport.com**
Aggregator of Early Treatment Information
- **EarlyCovidCare.org**
Outstanding website that lists Protocols, Research, Videos, and Doctors who prescribe treatment
- **C19protocols.com**
Excellent website that lists Protocols, Research Studies, and Doctors who prescribe treatment
- **Aapsonline.org**
Association of American Physicians and Surgeons
Excellent Guide about Early Treatment to read and print out for yourself and your doctor
- **Truthforhealth.org**
Guide about Early Treatment to read and print out for yourself and your doctor
- **Covid19criticalcare.com or Flccc.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
- **Americaoutloud.com/the-mccullough-report/**
America Out Loud, The McCullough Report; Dr. Peter McCullough's weekly radio show
- **PeterMcCulloughMD.com**
Dr. Peter McCullough's website with research and treatment information
- **Theblaze.com/podcasts/daniel-horowitz-podcast**
CR Podcast with Daniel Horowitz
- **rcolemmd.com**
Dr. Ryan Cole's website with great information about covid treatment
- **Breathemd.org**
Dr. Mary Bowden's clinic website with great treatment information
- **Vladimirzelenkomd.com and Zstacklife.com**
Dr. Zelenko's websites with treatment protocols and supplement information
- **Americasfrontlinedoctors.org**
America's Frontline Doctors
- **Globalcovidsummit.org**
Global Covid Summit

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.

EarlyTreatmentMeds.com

Order Ivermectin, Hydroxychloroquine, Nitazoxanide, and Early Treatment Packs directly from a compounding pharmacy in FL. Seven Cell's new website for covid medication.

MyFreeDoctor.com

Prophylaxis and treatment consults done through a text messaging app. Service actually is **free** (you can give a donation if you choose). Serves all 50 states.

TWC.health

The Wellness Company. Started by Dr. Peter McCullough, Dr. Harvey Risch, Dr. Richard Amerling, and Dr. Heather Gessling. Serves all 50 states. Virtual consults for prophylaxis and treatment.

FrontlineMDs.com or DrStellaMD.com

Dr. Stella Immanuel. Prophylaxis (done via phone, text, or email) and treatment (done via phone) consults. Serves all 50 states.

SynergyHealthDPC.com/covid-care/

Synergy Health Direct Primary Care. Prophylaxis and treatment packages. Serves all 50 states.

DrSyedHaider.com or MyGoToDoc.com

Dr. Syed Haider. Prophylaxis and treatment consults done via messaging, phone, or video. Free consult without prescription. Serves 41 states—check site for list.

Text2MD.com

Prophylaxis and Treatment consults done through a text messaging app. Serves 29 states—check site for list.

PushHealth.com

Prophylaxis and Treatment consults. Serves all 50 states.

SpeakWithAnMD.com

Prophylaxis and treatment consults done over the phone. Serves all 50 states.

rhsusa.com

Remote Health Systems. Check site for list of states served.

AmericasClinic.com

America's Clinic. Check site for list of states served.

JamesClinic.com

Dr. Mollie James. Close follow-up. Serves all 50 states.

How to Get Treatment (cont'd)

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

SilverStrandUrgentCare.com/telemedicine

Dr. Brian Tyson's Urgent Care Facility in CA. Offering telemedicine for sick patients in the following states: CA, AR, KY, NV, NC, UT, VT, WA, WV, WY.

DrPierreKory.com

Dr. Pierre Kory. Prophylaxis, Early Treatment, Long Covid Treatment, and Vaccine Injury Treatment. Check site for list of states served.

BreatheMD.org

Dr. Mary Bowden's clinic website. For patients in Texas.

EarlyCovidCare.org

This site lists prescribing doctors and telemedicine services for prophylaxis and treatment.

C19Protocols.com

Site with lists of prescribing doctors and telemedicine services for prophylaxis and treatment.

BudesonideWorks.com/providers-2/

This site lists telemedicine providers for prophylaxis and treatment.

FLCCC.net/ivermectin-in-covid-19/how-to-get-ivermectin/

The FLCCC has compiled a list of doctors who prescribe prophylaxis and treatment. Keep in mind, the FLCCC has not vetted any of these providers; they are just providing a list of options that patients can check out for themselves.

AmericanFrontlineNurses.com/TheAdvocateNetwork

Contact a patient advocate if you need help with a loved one in the hospital.

Important Pharmacy Information

▪ **How to Deal with Difficult Pharmacists**

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.

▪ **List of Friendly Pharmacies**

The FLCCC also put together a **list of pharmacies that will fill prescriptions for ivermectin and other off-label medications**. You can search that list [HERE](#) or at flccc.net.