

PARTIAL TRANSCRIPT

Darrell DeMello Discusses COVID Outpatient Management

[STAGES / COVID TYPES / TREATMENT EMPHASIS]

September 2, 2021

MoBeen Medical Lectures

https://www.youtube.com/watch?v=k6_ICQYjNGc&list=PLqFVU9Pg5ISHq3GVIsnkguTXWEugKx-t7&index=6

Notes and transcription by Twila Brase, CCHF, Feb 12, 2022

DEMELLO:

Practice History -- In corporate America until 2016, back to India and went back into practice in 2017 for corporate employees

April 2021 – missed 1200 cases that called in because it was the peak and just couldn't get to them.

Today (Sept 2021) only 4-6 new cases a day and 5-6 cases of long covid

My goal is to help companies get back to work and bring employees back.

COVID appropriate behavior –

“Everybody in the world is going to get Covid.”

Immunity probably 5 years after get it. SARS was 19 years. Flu – 6 months to one year.

We will all have immunity provided we get the infection.

Eat good food, Vitamin D, exercise, vaccination

Vaccination protects you from the severity of the disease - AstraZeneca CovidShield and CovidVax – most common in India

PROPHYLAXIS

COVID appropriate behavior – masks, social distancing, wash hands

Vit D test done – maintain above 60 and less than 100.

DeMello tries to maintain in the 90s – can see pts in close quarters at their homes.

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You can run from Covid but you can't hide.

Make sure your body has fire retardant so you don't go up in flames.

Do give colchicine prophylactically to some patients

DeMello doesn't use ivermectin on prophylactic basis unless high exposure – then once every 5 days.

TIMELINE

5.2 days – median days to incubation

4-7 day range from infection to symptoms

TREATMENT

Ivermectin for two days

Colchicine for 30 days

Clopidogrel (Plavix) for 30 days

1.0 mg in morning and 0.5 mg at night Colchicine (*in U.S., 1.2 mg and 0.6 mg doses*)

Ivermectin for 2 days (24 per day, split in two doses) -- on empty stomach to get max absorption into the nose; Full stomach gets it into interstitial tissue. But limited role in my view than to prevent replication of virus.

Dexamethasone or MethylPrednisone as a back up

Delta – very contagious. One person gets it and everyone in the family gets it, or attendees at events, and I'm talking about proven covid.

As viruses mutate, they get less virulent, but more contagious.

However, with Covid, it still remains a 14-day disease.

Can get low O2 on day 3 or 4 down to PO2 93, 94.

Add four days to the history the patient gets you. Be aggressive.

START WITH

Start with Lovenox (low molecular Heparin), Dexamethasone or MethylPred, and Colchicine the best. <https://askinglot.com/is-lovenox-a-low-molecular-weight-heparin>

Colchicine, IVM and clopidogrel, may add steroids (**selective bombing and carpet bombing**)

STORM AND CLOTTING:

Cytokine storm – day 8 and 9

If have clotting, it will accelerate fast (deadly)

TWO TYPES OF COVID:

“Respiratory Covid” – hits the lungs

“Constitutional Covid” - Brain, CNS, Gut – vomiting, diarrhea, colicky pain – may end up with long Covid. They’ll come back to you with continuing nerve, muscle pain, headaches, etc.

Try to stop the effects of the virus. Also treat rest of the family with Colchicine and IVM prophylactically.

Boost up the body. Will take over the virus in time. Done with virus in 9 or 10 days.

There’s no live virus by day 8 or 9.

Stopping the clotting, reducing inflammation (***Colchicine works well with anticoagulants***),

Last week DeMello designed a protocol for a country that can’t get Ivermectin:

- Colchicine, Vit D (prophylactic)
- Colchicine and clopidogrel, and Vit D (for treatment).

Now using Fluvoxamine in Long Covid – especially if brain fog.
I use steroids on day 8. Colchicine and clopidogrel for the first 7 days.

STAGES:

Long Haul – beyond 6 months

Post Covid – beyond 30 days

Acute Covid – two parts

- **First 14 days**
- **Days 15-30**

If day 20, still in acute covid phase

I treat for 30 days, right up front to avoid Post Covid and LH Covid

Rare to go beyond 30 days. Have had a person at as long as 180 days. Never had anyone beyond 6 months.

USE -- Early and complete treatment for 30 days.

TREATMENT CATEGORIES

ACUTE COVID (first seven days)

Colchicine

Plavix (clopidogrel)

IVM x2 day

Zyrtec (antihistamine)

Diclofenac

(<https://www.mayoclinic.org/drugs-supplements/diclofenac-oral-route/description/drg-20069748> - nonsteroidal anti-inflammatory drug (NSAID) used to treat mild-to-moderate pain)

DAYS 8 – 14

Same drugs

Depending on O2, add Dexamethasone, Lovenox (heparin injection), or MethylPred

POST COVID:

- Symptoms – CNS – back, leg pain, tinnitus, brain fog, (fluvoxamine), Dexamethasone for 15 days, Colchicine for 60 days, Diclofenac, Zyrtec (prevent mast cell)
- Dexamethasone if colicky pain, vomiting, loss of taste and smell. Or strange smell.
- People have very different complaints. Brain, nerves, gut nerve endings, all depends to symptom and what part of the body to treat.
- Colchicine, Dexamethasone, and two others (Difficult to understand, See at 34:00)
- Brain issues (tinnitus and anosmia) – colchicine (1.0mg and 0.5/day or more for 60 days), Dexamethasone – 15 days taper, Fluvoxamine (50mg bidx15)

LONG COVID – post 6 mo

Colchicine

Dexamethasone

Fluvoxamine

LONG COVID - fatigue

Colchicine

Dexamethasone

Diclofenac

ANTI-INFLAMMATORIES

Why colchicine?

Has worked as great anti-inflammatory
Reduces macrophages and neutrophils
Reduces clotting

Post Vaccination patients? – how do you advise them.

Take colchicine 3-5 days before and for 5-7 days after the vaccine to prevent clotting.

Great fire retardant = colchicine

TREAT EARLY

Treat patients early. Don't tell them to go home and wait

Haven't changed the doses or medications. No need. It's a winning team.

If you come day 1-4, the chance of a patient going to clotting phases is almost down to zero. At day 7 or 8, go with all guns blazing. This is not about protocols. This is about what is right for the patient. What are we doing which is right for the patient.

Treated 8,000 to 10,000 patients, including about 1,000 children. Breastfeeding child doesn't need separate medication.

Children 2-10 – 0.5m.day Colchicine 5-10 (3/4 dose of adult for **ages 11-15** and adult amount starting at **age 16**), low dose IVM, antipyretics

FEVER?? SYMPTOMS:

Every patient has different symptoms

People will complain or fever but may not have a very hot fever. They feel hot.

Frog in my throat

Big tonsils

Craters in the mouth

Red eyes/pink eyes

Back ache

Midriff to arm and down the arm

HAVE TO LISTEN TO THE PATIENT

ASK PATIENT TO WRITE DOWN THE SYMPTOMS – has them do it in WhatsApp

Monoclonal, Regeneron

Not in outpatient. Hospital only in India. Requires care to give.

DeMello's PERSONAL prophylactic Colchicine dose

Have used it since April 1, 2020 – take two week breaks every few months

Contraindication: dialysis, kidney failure, Serum creatinine being high

It's a fantastic drug for myocardial inflammation – great prophylactic before vaccine

Breastfeeding babies and inter-utero babies – antibodies from infected mother – IgA is in the breastmilk

SUPPLEMENTS/OTHER DRUGS:

If someone has Covid, will use Vitamin D – **60,000** units oral per day for 10 days, or injection of **600,000** units day 3, 4, or 5

May also do Vitamin D and ion stimulant – to prevent them from going into worse off scenarios

Zinc and C – stopped after 500 cases. It doesn't change clinical outcomes.

Don't use antibiotics – Doxycycline, Azithromycin. This is not a bacterial infection.

Goal – stop the clotting.

Q: DO THEY RECOVER FROM LONG HAUL?

They tell me they recover fully. May be no damage or may have residual damage. I tell them they could have this pain for the rest of your life. Most recover pretty nicely. STORY: Young guy with frank mental disorder. Told him I'd probably need three months to treat him. But in 4 days he was 80% better. In a week, 100% better. Now he's back to work.

Novel anticoagulant – Enoxaparin works great

Lung severity index of 20x25 – 80% of the lung has clotted.

Enoxaparin works to clear the lung

Enoxaparin

Colchicine

EXAMPLE DEMELLO USES WITH PATIENTS:

- Earthquake = the virus
- Tsunami = cytokine storm
- Damage = that's what we're trying to fix in advance of or after the storm

Rivroxavan – can use but may be more expensive

Still use Clopidogrel – stops the bounce backs of platelets

Ecospirin – DON'T use it, platelets (and the clotting they cause) bounce back in week two

ANTI-HISTAMINES

Promethazine

Zyrtec - what I usually use

There are different ways to treat Covid.

- It's about treating different effects of the virus.
- Fix it up front or while happening.

Q: *Can you use aspirin 325?* – A: ask your local doctor

Q: *Post hospital treatment and diet recommended to prevent long term issues?*

- Can be anything that works
- Runs out the clock on hospital drugs that have been ordered and then he switches them to his protocol
- Enoxaparin
- Colchicine

The goal is for every patient to recover.

Q from Dr. Nick Arrizza on diet

No cough syrups – causes liver enzymes to be raised. Don't want liver damages

Soft diet plant diet

legumes

No meats

Yogurt and rice

Yellow cucumber

Yellow pumpkin soups

NO MEAT in 14 days.

Should not eat meat until 15th day.

IMMUNITY

Over time, DeMello's personal antibody count rose to 15.4, then he took vaccine for travel reasons and more reasons, even if he had antibodies

Aspirin is not a good replacement for Plavix

- Want an anti-platelet option, so use clopidigrel (Plavix)

COLCHICINE REPLACEMENT?

- It's something you can get in food. It's an ancient herb
- Haven't heard of a country where can't get it.
- Natural product – comes from the back of a tree.

Ayureda for long covid? – NO

I use very old, very available, very inexpensive drugs

BOOSTERS

Doesn't believe in booster jabs. If still going to need, will cause more and more variants.

Israel – most vaccinated, in the 90s. yet all getting Covid. Once you get Covid, you should be good to go for the next **five years**. Natural infection, as much as it gets immunity, is very dangerous itself. Can kill a person.

“There are ways to treat Long Covid, there are ways to protect yourself against the vaccine. Everything I do is individualized to a patient.”

Colchicine is fantastic at preventing tissue damage, including with the vaccine.

Q on Bromhexine?

Prefer Budesonide inhaler or neb if somebody has **breathing issues**.

Try to use **Deriphylin** at night as a bronchodilator, so we don't get that decrease in oxygen at night and in the morning. **Can change the O2 levels by 6 points**

<https://www.1mg.com/drugs/deriphyllin-tablet-496484> (theophyllin)

If on statin, stop it and use the Colchicine. Can go back on it later.

Colchicine as a fire retardant – to calm body down. Prevents body from over responding to the virus or to the vaccine.

END