



COVID-19 Quick Reference Guide

*Immediate Steps to Reduce Your Risk of
COVID-19 and “Long Covid” Disease*

Updates:

New Study on COVID-19 Vaccines
Finding Pharmacies and Physicians
Changes in Treatment Options
New Ivermectin Availability
Antibody Testing
Remdesivir (VEKLURY)

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Updated, January 2023*

Inside:
EARLY TREATMENT
KIT instructions
and one-page
QUICK-ACTION
SUMMARY

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INTRODUCTION

Most Americans have no idea what to do to prepare for COVID-19 or how to protect themselves. This step-by-step COVID-19 Quick Reference Guide is meant to help you prepare yourself and protect your life.

FOUR FACTS TO KNOW:

1. **COVID-19 is a clotting disease.** COVID-19 (coronavirus disease 2019) is an inflammatory and clotting disease, not a lung disease. “If you don’t stop the clotting, the patient’s dead,” says Dr. Darrell DeMello, MD, who by mid-2021 had treated more than 6,000 patients, with only 35 hospitalizations and 14 deaths (all of them with diabetes). **NOTE:** While the Omicron subvariants have been less virulent,¹ the XBB subvariant and its mutations may elude any vaccine protection you have.²
2. **The first seven days are critically important.** “It’s just a viral disease for a week; then it’s an inflammatory disease,” said Dr. Richard Urso, MD. He says, “People don’t die of the virus. They die of inflammation. They die of thrombosis [clotting].”³ “Endothelial damage and subsequent clotting is common in critical COVID-19 patients. Clots in the small vessels of not only the lungs but also in the heart, the liver, and the kidneys,” reports Ayass bioscience.⁴ “Covid is a 14-day disease,” says DeMello. “Week 1 leads up to the tsunami [cytokine storm]. The tsunami sets off the damage. The damage is clotting. Clotting really occurs between day 8 to day 10, and up to day 11, if you haven’t had clotting you’re pretty much on the road to recovery.” Therefore, don’t delay seeking treatment.
3. **You have effective options to protect yourself.** To reduce infection and death: 1) Begin prophylaxis to prevent infection (e.g., ivermectin, dilute hydrogen-peroxide or povidone-iodine nasal rinses, certain antiseptic mouth washes), and 2) Seek early treatment to help prevent your body’s immune system from going into overdrive (inflammatory cytokine storm) and starting a cascade of clot formation (microthrombosis). “Outpatient treatment is the only hope in reducing the risk of hospitalization and death,” said **Dr. Peter McCullough, MD**, who in 2020 drafted perhaps the first Covid treatment protocol in the U.S.⁵
4. **Evaluate new data about the vaccine and boosters.** Three new studies: the CDC finally evaluated the vaccine adverse events data and found **more than 700 different kinds of safety signals**, including more than 70,000 adverse events under the cardiovascular safety signal.⁶ Although some studies continue to say the vaccines reduce Covid hospitalizations and death, a recent **Cleveland Clinic** study found, “The higher the number of vaccines previously received, the higher the risk of contracting COVID-19.”^{7,8,9} Another 2022 study in the publication *Cell* may explain why the vaccinated and boosted continue to get the virus. It found the boosters are not working due to “**immune imprinting.**”^{10,11} In short, the body’s immune system got locked onto the original vaccine and only generates antibodies to the original Wuhan virus, not the current Omicron subvariants.¹²

Delay Can Be Deadly. Early treatment is best, preferably as early as possible, and no later than 7 days after symptoms. However, many doctors and other practitioners are not providing early treatment and may instead ask you to go home and wait. Refuse to do so. If the virus continues to replicate and your immune system cannot destroy the virus on its own, you may end up in the hospital with difficulty breathing, the cytokine storm in full swing, and clot formation. Death may occur if the process is not reversed.

Early treatments are effective, especially when guided by the medical management of a physician committed to early and aggressive treatment. Medications and supplements, often in combination, can prevent the

dangerous cytokine storm and hospitalization. Early treatment protocols list many different medications, including but not limited to:

- ivermectin
- nebulized budesonide
- doxycycline
- clopidogrel
- methylprednisolone
- hydroxychloroquine
- colchicine
- statins
- fenofibrate
- prednisone
- fluvoxamine
- azithromycin
- aspirin
- melatonin
- famotidine

The benefits of these medications often include reduction in mortality (ivermectin, hydroxychloroquine, and fluvoxamine¹³), reduction of recovery time by three days (nebulized budesonide¹⁴), prevention of clotting (colchicine, clopidogrel, aspirin), reduction in severity (vitamin D3), and more. Fluvoxamine can reduce hospitalizations by 66 percent and deaths by 91 percent.¹⁵

COVID-19 is treatable, but don't wait. As the FLCCC Alliance summarizes an online educational video:¹⁶

Learn about the three phases of COVID-19 (incubation, symptomatic and inflammation) and when to treat with this short video. Takeaway

Message:

- Don't wait for a positive PCR test
- Treat early on first symptom(s)
- Have your medications and a plan in place BEFORE you get sick

Suggestion: Begin **prophylaxis** if exposed and prepare an **Early Treatment Kit** in advance of exposure to prevent this potentially deadly viral disease from progressing to the point of hospitalization and death. Oxygen supplementation may become necessary, but mechanical ventilation should be avoided if possible.

Knowing the first day of your first symptoms is important. South Africa's Dr. Shankara Chetty, MD, developed a "8th Day Therapy for COVID-19" to mitigate "a possible hypersensitivity reaction, that can trigger an inappropriate immune response, including a possible subsequent cytokine storm. This transition from the initial viral phase typically occurs on Day 8 after the first symptoms." He said, "It's essential, as the treating physician, to establish as precisely as possible the first day of symptoms, to alert the patient of the date when a possible sudden aggravation of symptoms may occur. Shortness of breath is typically associated with this aggravation."¹⁷

Early treatment is essential, according to **Dr. Darrell DeMello, MD**, in an extensive interview on DrBeen Medical Lectures about the successful Covid treatment protocols he has used in India to treat COVID-19:



"If I do get a patient day 8, 9, and 10, I know I'm in trouble, and I'm ready for the trouble. Boy, I hit them really hard if they come to me that late. I think the world needs to know...this is a clotting disease. This is a vascular disease. This is not an interstitial lung disease...[S]ome of my patients come to me...with 80% of the lung clotted off...If you fix the clotting right up front or sometime in between, everything else will work...For me, timelines are very important. I need to understand the timeline really, really closely. I need to understand the timeline because treatment depends on the timeline."¹⁸

NOTE: It may take a day or more to get an in-person or online appointment with a doctor providing early treatment, and several more days or weeks (if shipped from overseas) to get the prescribed medication (such as ivermectin or hydroxychloroquine (HCQ)). Unfortunately, although it is widely available, most corporate pharmacies and pharmacists continue to refuse to fill these prescriptions if it's for COVID-19.

In the 7-day countdown, every day counts. Fortunately, some telehealth Covid-care clinics use pharmacies that overnight necessary medications to patients.

And in great news, a **2022 Tennessee law makes ivermectin available over the counter** without a prescription. Patients have been able to call or go to Tennessee-based pharmacies to buy ivermectin.¹⁹

Throughout the pandemic, less expensive and easier avenues to secure early treatment drugs have included compounding pharmacies, locally owned pharmacies, telehealth, and certain doctor's offices. Many Americans have also gotten ivermectin from countries like India and Mexico where it's over the counter, but that can take weeks, or never arrive at all if the drugs are confiscated at the U.S. border.

Preventing delay means being prepared. Delay is what could lead to death for those most susceptible to severe COVID-19 disease—and to long Covid that lingers for those with *both* mild and severe disease (p. 23). We suggest purchasing the necessary medications now.

Pulmonary and critical care specialist Dr. Pierre Kory, MD, discussing FLCCC.net treatment protocols that use affordable drugs like ivermectin and HCQ for early treatment, says, **"If you get treated early, you don't need the hospital protocol. If you get treated early, you don't need the long-haul protocol."**²⁰

Prepare now by using the following instructive procedural protocols for:

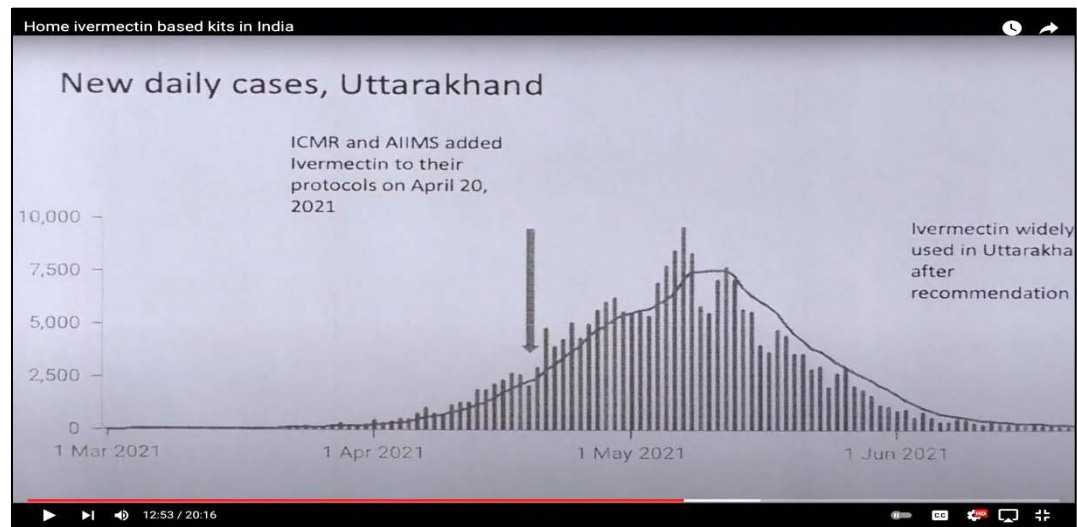
- **PREVENTION AND PREPARATION FOR COVID-19**
- **TREATING COVID-19 INFECTION**
- **HOSPITALIZATION FOR COVID-19 INFECTION**
- **TREATING "LONG COVID"**

PREVENTION AND PREPARATION FOR COVID-19

1. Consider prophylactic treatment to avoid COVID-19.

- A 2018 in vitro study of povidone iodine against SARS virus showed that 1% povidone iodine, when used for 30 seconds, led to a **reduction of viral activity of $\geq 99.99\%$** .^{21,22}
- Anti-viral oral/nasal rinses, including Scope™ and Crest™ (with cetylpyridinium chloride) and Listerine™, have worked well to **stop viral replication where it begins—in the nasopharynx**. Dr. McCullough, MD, discussing Dr. Md. Iqbal Mahmud Choudhury's 2021 study of 1% povidone-iodine against COVID-19, said Bangladesh “shut down” the virus by using this solution for “decontamination of the nose and mouth.”^{23,24,25,26,27}
- Dr. Kory, MD, calls ivermectin a “**wickedly effective**, highly potent, preventative agent” adding, “If you take it regularly, your chances of getting sick are nearly nil.”²⁸
- Ivermectin is safe**, cheap, has been given to billions of people (only 16 deaths), is on W.H.O. “essential medicines” list—and is safe up to 10 times the therapeutic dose, per RCT.^{29,30}
- Ivermectin reduces transmission. It reduces infection by **86%**³¹ and death by **62%** (average)³² to **92%** (regular use).³³ Other drugs can also work. Review data at www.C19early.org.^{34,35}
- Dr. Bruce Boros, MD, said he'd been on prophylactic ivermectin for **16 mo.**, as of 11/2021.³⁶
- Dr. DeMello, MD, keeps his **Vitamin D level in the 90s**, takes one **colchicine** tablet each day Monday to Friday, and only takes ivermectin if he feels overexposed by Covid patients.
- The Mexican **Institute** of Social Security included ivermectin in home COVID-19 kits for ambulatory patients—465,345 home kits were distributed over one year.³⁷
- “That is the beauty, that is the success story of ivermectin.”** – Dr. Surya Kant, Head Dept. of Respiratory Medicine, King George Medical University, Uttar Pradesh, India (pop. 241M):

*Cases in the Indian state of Uttarakhand after ivermectin recommended:*³⁸



2. Check your vitamin D level and maintain it.

- “My top three vitamins are vitamin D, vitamin D, vitamin D.”** — Dr. Richard Urso, MD
- “It’s very difficult to die from Covid if your vitamin D level is over 50.”** — Dr. Urso, MD
- “If above 50, it’s almost impossible to develop cytokine storm.”** — Dr. Ryan Cole, MD
- 96% of Covid ICU patients are deficient in vitamin D. — Deborah Chisholm, MD
- Dr. Cole takes 50,000 units/day for five days when he gets a cold (“vitamin D hammer”).
- At **55 ng/mL** the cell receptors are saturated. — Dr. Cole, MD, and CEO of Cole Diagnostics

- g. If your vitamin D level is over 60 and under 100, you're more likely to experience the asymptomatic version of COVID-19. — Dr. DeMello, who sees Covid patients regularly³⁹
- h. **2019 Study:** “[L]ong-term supplementation with vitamin D3 in doses ranging from 5000 to 50,000 IUs/day appears to be safe.” (*Journal Steroid Biochemistry & Molecular Biology*)⁴⁰
- i. Check and recheck your vitamin D level as necessary by a doctor's order or DIY from affordable requestatest.com, directlabs.com, etc.

NOTE: Information above (a – f) comes from the Global Covid Summit in Kansas, 2021.⁴¹

3. Make an informed choice about the Covid injection.

a. SPIKE PROTEIN:

- “Think about the virus and think about the vaccine, and with respect to this exposure to the spike protein and how the spike protein basically translates epigenesis to the human body. In a sense they are one and the same. **Dose one is the pathogenic respiratory virus.** The second doses, if people get them, are actual spike protein through the vaccine.” – Cardiologist Dr. Peter McCullough, MD (Nov. 6, 2021)⁴²
- “There’s no way a vaccine could be developed so quickly. The actual mechanism doesn’t make sense to me. **To give the body genetic material**, a recipe to make spike protein, just doesn’t make sense. And when does it stop being made and how do you know it’s going to stop? What part of the body makes it? Is it just in the arm or the whole body?” – W.H.O. researcher and physician **Dr. Tess Lawrie, MBBCH, PhD**⁴³
- “A lot of the side effects of Covid are caused by the spike protein . . . which causes a **multi-system inflammation.**” – Lawrie on why ivermectin may help vaccine injury⁴⁴

b. INJECTION:

- “If you have an effective treatment, you don’t need a vaccine.” – Dr. Tess Lawrie⁴⁵
- “The Moderna COVID-19 Vaccine is an **unapproved vaccine** that may prevent COVID-19.”⁴⁶
- “This new gene-based vaccine idea had never been tried on human beings before this pandemic. And there had been no animal trials, which are normally mandated for any new vaccine, and there was no long-term safety data, so this was clearly an experiment.” – **Dr. Charles Hoffe, MD**⁴⁷
- The vaccines don’t prevent infection. Studies from Cleveland Clinic (2022) and an Indiana university (2023) found **higher infection rates in the vaccinated.** For example, the Indiana study found “a significantly higher cumulative incidence of infection or reinfection in vaccine recipients than those with previous infection.”⁴⁸
- See openVAERS.com and CDC vaccine “safety signal” report for injuries and death.⁴⁹
- “We don’t have sterilizing vaccines for Covid. The CDC has admitted they don’t stop Covid.” – **Dr. Aaron Kheriaty, MD**, who said 80-year-olds and 8-year-olds have a **1000-fold** difference in risk of COVID-19. Covid shot may **impair natural immunity** of infected.⁵⁰
- The shot is focused on the S1 protein of the virus, not all 29 proteins, possibly permitting “**immune escape,**” which may lead to variants and reinfections.^{51, 52, 53}
- Intact spike protein has been found **circulating in the bloodstream** after injection,⁵⁴ and continued generation of spike protein “up to 8 weeks postvaccination.”⁵⁵
- If you get the Covid shot, ask the clinician to **aspirate the needle before injecting**, ensuring the needle is in the muscle, which may prevent myocarditis.⁵⁶

c. CLOTTING:

- Unlike other vaccines, “**only 25% of the vaccine actually stays in the arm,**” said Dr. Hoffe. The rest, he said, enters circulation, gets absorbed into the vascular endothelium of blood vessels, where the mRNA makes spike protein, which becomes

part of the cell membrane that surrounds blood vessels, roughening up the surface and likely leading to clots. He adds: “The Moderna vaccine has **40 trillion mRNA molecules** per vaccine dose.”⁵⁷

- After Dr. Hoffe began seeing vaccine injury in his patients, he devised a study using the **D-dimer test** on patients within a week after the shot to look for recent clotting. As of July 2021, 62% had positive, elevated D-dimer tests.⁵⁸
 - To prevent clotting, Dr. Darrell DeMello, MD, will give patients 3 to 5 days of **colchicine** before the injection, and 5 to 7 days after the injection.⁵⁹
 - Ontario emergency medicine physician, **Dr. Rochagné Kilian**, also discusses the alarming rise of extremely high D-dimer levels (more than 3000 or 5000 ng/mL) in injected patients one week to four months after their second injection. She suspects “**multiple small microthrombi** that is extended throughout the body and that’s so easy to miss and that a CT scan is not going to pick up.”⁶⁰
 - **Fibrin clots** found by embalmers,⁶¹ **sudden deaths since 2021**, including young athletes, and 40% rise in deaths of working age people⁶² continue to shock. The vaccine, mandated in 2021 and myocarditis, a known vaccine risk, are suspected.⁶³
- d. AUTOIMMUNE:
- Microbiologist Dr. Sucharit Bhakdi, MD and pathologist Dr. Arne Burkhardt, MD, who **autopsied 15 patients** that died (from 7 days to 6 months) after receiving the COVID vaccine, reported on December 10, 2021, that they found widespread evidence of the body attacking itself, with the heart attacked in all 15 bodies.^{64, 65}
 - Board certified pathologist Dr. Ryan Cole, MD, owner of a diagnostics lab, reports “a **20-times increase of endometrial cancers.**”⁶⁶
- e. ANTIBODIES:
- “Effectively, **the antibodies are in the wrong place.** The antibodies you get from the vaccine are in your blood, but you get Covid from your respiratory tract and those two systems of immunity are independent from another. You’ll only get immunity through natural infection because then you’ll have antibodies in your respiratory tract.” (Dr. Hoffe)⁶⁷
 - “If you don’t want to catch a respiratory infection you need to have antibodies that are actually in your respiratory system...but the antibodies that the vaccines are giving from an injection are in the blood...” – Dr. Clare Craig, FRCPath, diagnostic pathologist⁶⁸
- f. OMICRON VARIANTS:
- While researchers at Columbia University and the University of Michigan found the XBB subvariants to be “**barely susceptible** to neutralization” by vaccines and boosters,^{69,70} it’s not clear whether it will lead to more hospitalizations or death. People should be prepared to start treatment at the first sign of symptoms.
 - Reuters reported in December 2021 that most of the cases of Omicron (about 80%) are in people who are fully vaccinated, and one-third had received a booster.⁷¹ On Dec. 25, 2021, Omicron accounted for 59% of U.S. Covid infections, per the CDC.⁷²
 - Omicron symptoms appear to be mostly mild.⁷³ The fact that the Omicron variant replicates 10 times *slower* in lung tissue and 70 times *faster* in the upper airway and nasopharynx may mean greater transmissibility but far less severity.^{74,75}

4. Understand antibodies and T-cells.

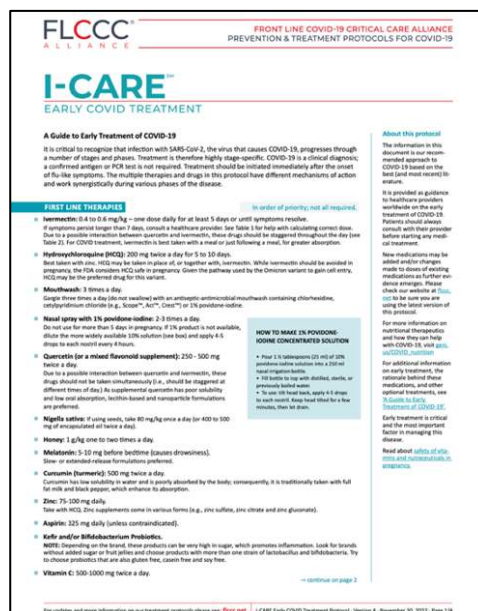
- a. One testing option for memory T-cells that stay on guard in the body: www.t-detect.com
- b. **Antibody test:** “There are two antibodies that you can look for. That the spike and then the naturally infective usually will have the nucleocapsid. . . It’s better if you can **test for both**

spike and nucleocapsid because you may be dropping one. Our long-term immunity tends to be more robust against that nucleocapsid. – Dr. Ryan Cole, MD, owner, Cole Diagnostics

- c. **Antibodies wane:** “You go to the laboratory and you’re going to get a value. It’s this high on this day and then it’s going to go down, and it’s going to go down. That’s what your body always does. If you maintained an antibody response to every pathogen you were exposed to every day of your life, you’d look like the **Stay Puff Marshmallow man** of swollen lymph nodes and your blood would sludge. It’s energetically and physically impossible. Your antibodies always drop. . . but the wonderful thing about your human body, you have memory cells in your bone marrow.”⁷⁶ – pathologist Ryan Cole, MD about antibody testing

5. Understand the timing of treatment for COVID-19.

- a. “COVID illness has two aetiologies. It is initially a respirator viral infection with typical symptoms, progression, and outcomes over the initial 7 days. **On around day 7, a Type 1 hypersensitivity reaction is triggered in those that are sensitive**, leading to the sequelae typically seen on admission. This reaction causes the release of chemical mediators in the lung, resulting in inflammation, oedema, and in time, massive cell damage. The resultant cellular disruption is what triggers the ‘cytokine storm’ in an attempt to repair damaged cells and remove debris. This release of cytokine triggers a cascade of events that produces the variety of pathologies that are seen [including clotting],” said Dr. Shankara Chetty, MD, who has treated 7,000 South African patients with no deaths [our emphasis].^{77 78}
- b. Begin treatment **within 1-4 days** if symptoms, preferably no later than 7 days, say doctors successfully treating COVID-19. Don’t wait to see how you’ll do.
- c. Waiting to order early treatment medications, like ivermectin, fluvoxamine, or HCQ, until after you get sick may be too late to stop the virus at the viral replication stage.
- d. **“A Guide to Home-Based COVID Treatment”** from AAPS says, “TREAT EARLY when medicines work best for infections.”⁷⁹ Have an early treatment kit on hand (p.11)
- e. Covid treatment protocols using ivermectin, HCQ, colchicine, and other drugs, have proven useful beyond the viral replication into the inflammatory and clotting phases of COVID-19.
- f. **Review treatment options**, which are many. The following is page one of the FLCCC early treatment protocol. For complete protocol, *the latest update to FLCCC protocols*, and their protocol “clinic companion,” go to www.covid19criticalcare.com/treatment-protocols/.



From the FLCCC protocol: **“COVID-19 is a clinical diagnosis; a confirmed antigen or PCR test is not required. Treatment should be initiated immediately after the onset of flu-like symptoms.** The multiple therapies and drugs in this protocol have different mechanisms of action and work synergistically during various phases of the disease.” [our emphasis]

6. Find a local or telehealth doctor who will provide early treatment for COVID-19.

- a. “Hopefully you have a doctor who knows how to doctor,” said Dr. Kory at a Covid Summit.⁸⁰
- b. Find a doctor who will do anything in their power to help your family. (Dr. James’s advice)
- c. Find physician options: [EarlyTreatmentOptions.org](https://www.earlytreatmentoptions.org), [FLCCC.net](https://www.flccc.net), and [AAPSONline.org](https://www.aapsonline.org)
- d. Share treatment protocols from AAPS or FLCCC (“FLCCC Bible”) with your doctor⁸¹
- e. Ask pre-Covid questions by chat, email or in person:
 - How do I pay? How long will it take to get a return call, get prescriptions sent, etc.?
- f. Precautions and suggestions, per FLCCC.net:
 - Check reviews from other patients, and if possible, call more than one provider.
 - Ask about pricing for services upfront.
 - Check the state medical board to see if the provider has a disciplinary record.⁸²

7. Investigate other prevention and treatment therapies.

- a. Hyperbaric oxygen therapy has saved lives, per Dr. Mollie James, DO.⁸³
- b. Ozone blood therapy has shown some promise in treatment.⁸⁴
- c. Additional therapies and therapeutics may emerge.
- d. The Front Line COVID-19 Critical Care Alliance (FLCCC.net) is regularly updating its protocols for medications, nutraceuticals, and treatments.
- e. The Association of American Physicians and Surgeons (AAPS) released **“The Guide to Home-based COVID Treatment”** plus their “Physicians List” on January 3, 2022.⁸⁵
- f. The World Council for Health has early treatment guides at www.worldcouncilforhealth.org.⁸⁶
- g. **NOTE:** Monoclonal antibodies are no longer available for treatment of COVID-19. The FDA rescinded the Emergency Use Authorization on November 30, 2022.⁸⁷

8. Find a pharmacy that will agree to supply the medications you need.

- a. Consider local and foreign pharmacies.
- b. Contact a **compounding pharmacy** or local small-town pharmacy in Tennessee.
- c. Find several options and lists at [EarlyTreatmentOptions.org](https://www.earlytreatmentoptions.org).
- d. Contact compounding pharmacies, which can make drugs in specified doses.
- e. Contact **“mom and pop”** or small-town pharmacies rather than corporate pharmacies.
- f. Use FLCCC tool to locate a pharmacy who’s agreed to fill prescriptions such as ivermectin.⁸⁸
- g. Acquiring all needed therapeutics could require 2-3 pharmacies:
 - One for corporate- and FDA-restricted drugs, such as ivermectin, HCQ, fluvoxamine
 - One for non-restricted anti-inflammatory and anti-clotting medications
 - One for vitamins and supplements (*could include online retailers*)

9. Try Tennessee pharmacies first, but an option if ordering from India:

- a. <https://www.indiamart.com/camper-healthcare/> — Payment options vary.
- b. Look for a Star Supplier with Verified Trust Seal from IndiaMart. Payment options vary.
- c. You usually do not need a prescription. In many countries, ivermectin is over the counter.⁸⁹
- d. Suggest purchase of 12 mg ivermectin tablets (500 – 1000 pills—see #11 above).
- e. Other medications may be available, such as HCQ, azithromycin, doxycycline.

10. Prepare a DIY Early Treatment Kit (ETK):

DIY Early Treatment Kit (ETK)

Suggested minimum contents for your ETK include:

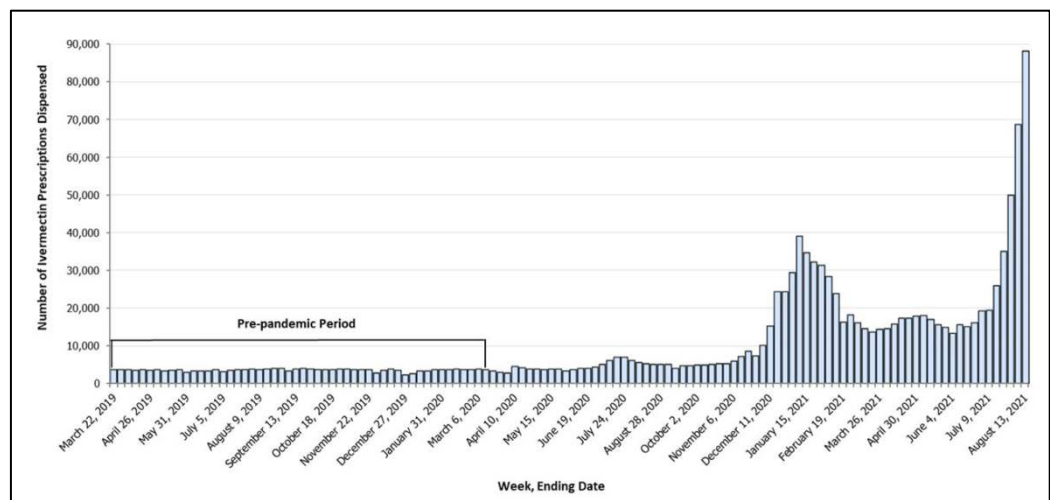
- Home Covid Test (at least two)
- Pulse oximeter (*align accuracy with your doctor's*)
- Thermometer
- Extra batteries for pulse oximeter/thermometer
- Antiseptic mouthwash Listerine or chlorhexidine or cetylpyridinium chloride products (e.g., Scope™ /Crest™)
- Commercial iodine nasal spray OR DIY:
 - Eyedropper or nasal irrigation bottle
 - 10% povidone-Iodine to *dilute* for nasal rinse
 - Sterile water to dilute products for nasal rinse
 - DIY Instructions: <https://tinyurl.com/2p9atwj7>
- Nebulizer for nebulized budesonide (*find online*)
- Ivermectin, preferably 12mg tablets
- Hydroxychloroquine, 200mg tablets
- Antibiotic – Doxycycline or Azithromycin
- Colchicine, 0.6 mg tablets
- Vit. D3 (5K – 10K IU/pill) / Vitamin C (1K mg tablets)
- Zinc, preferably elemental zinc
- Quercetin – 250 to 500 mg tablets
- NAC (N-Acetyl-L-Cysteine) – 600 mg tablets
- Aspirin 325 mg
- Melatonin – 10 mg tablets
- *I-CARE: Early COVID Treatment*
- *Transcript – Colchicine use (earlytreatmentoptions.org)*
- *COVID-19 Quick Reference Guide (CCHF)*



NOTE: Besides vitamins and ivermectin, the Delhi government in India includes doxycycline 100 mg tablets and acetaminophen in the Home Ivermectin Kits distributed to the public.⁹⁰ One suggestion for a nebulizer is found here: <http://dragonflymountain.com/nebulize/nebulize.html>

11. Order ivermectin — early and extra.

- a. Ivermectin is highly effective for early treatment for COVID-19. See studies.^{91,92}
- b. Ordering options include pharmacies in **Tennessee**, India, Mexico, Switzerland, and Canada.
- c. Ivermectin from India can take a few weeks to arrive, but it’s far **less costly** than in the U.S.
- d. U.S. Customs are increasingly confiscating some medications, but how much is unknown.
- e. Order **12 mg tablets** if ordering from overseas—tablets available in U.S. are only 3 mg.
- f. When ordering ivermectin from outside the U.S., consider ordering extra.
- g. Have more ivermectin on hand than you need for yourself—or need for just one infection.
- h. Be prepared to help the unprepared with early treatment to save their lives.
- i. Encourage **family and friends** to prepare their own DIY Early Treatment Kit.
- j. U.S. government may try to shut down access completely, so order accordingly.
- k. Ivermectin prescriptions rose to **90,000 a week** (see chart⁹³). On 8/21/21, the FDA tweeted against ivermectin,⁹⁴ media called it “horse dewormer,” and patient access was cut off.



- l. The FDA still opposes use of ivermectin for COVID-19,^{95,96} **Doctors sued** June 2022 for FDA hampering access.⁹⁷ On Dec. 7, 2022, the court dismissed the lawsuit, claiming the FDA has immunity against lawsuits. Doctors are considering next steps.⁹⁸
- m. **Hydroxychloroquine (HCQ) is also effective.** HCQ “is the most proven of the approaches,” said Dr. Peter McCullough, MD in early 2020. In a presentation, he said it reduces viral replication by **99%** and that 78% of HCQ studies have met peer review.⁹⁹

12. Prepare a DIY “Covid Hospitalization Wishes” document in case you need hospitalization.

- a. **NOTE:** This document and the following suggested inclusions are **not legal advice**. Please seek legal advice to determine whether to include these or other specifics on such a form.
- b. This **do-it-yourself (DIY) form** may provide protection if hospital still says loved ones are not allowed to enter the hospital or be in the room with you.
- c. Consider dating, signing, and having a witness sign it for more protection.
- d. Make a copy and provide to advocate, family, and/or person with Power of Attorney (PoA).
- e. Have hospital staff sign and date it and return a copy of the signed document to you.
- f. “Hospitals are required to provide an advocate” if you request it. – **Attorney Kris Shilt**. She also says:¹⁰⁰
 - You can ask for alternative treatments.

- Put in writing: “I do not want remdesivir [VEKLURY]. I don’t want to be put on a ventilator.”
 - Document need not be notarized, but you must communicate it to the hospital.
 - Have a power of attorney, so the hospital cannot assume the role.
 - Bring FLCCC.net hospitalization protocol with you.
(<https://covid19criticalcare.com/wp-content/uploads/2022/08/MATH-summary-Aug16-1.pdf>)
 - Have your attorney make calls to the hospital.
- g. Beware of intake paperwork and consent forms.
- Hospitals often ask patients to sign blanket consent statements that say you agree to all treatments prescribed by the physician, or other practitioners (nurse practitioner, physician assistant, etc.) that are caring for you.
 - To protect your choices, consider **crossing off blanket treatment statements** and adding a statement that each treatment requires your full and informed consent.
- h. Suggested inclusions for what you may want to put in writing for the hospital:
- Whether you agree to or refuse COVID-19 vaccination
 - Whether you agree to or refuse COVID-19 mechanical ventilation
 - Whether you want other oxygen delivery methods (CPAP, nasal canula, BiPAP)
 - Whether you agree to or refuse Remdesivir (can lead to toxicity/organ failure¹⁰¹)
 - Whether you want a hospital-appointed or family member as “bedside advocate”
 - Whether to require FLCCC or other protocols be followed for your treatment¹⁰²
 - Whether you want your doctor, or hospital’s hospitalist (doctor), to direct your care
 - Whether you want communication devices and power sources always at your side
 - The medications you want to use in sufficient doses regardless of hospital protocols
 - Consent requirements for your care if you’re unable to communicate
 - Names and contact information for people staff can talk to, including PoA

TREATING COVID-19 INFECTION

Early treatment is essential. Physician Paul Marik, MD, founder of the Front Line COVID-19 Critical Care Alliance (FLCCC.net), has long advised, on the website and weekly video updates, that early treatment is essential, preferably as early as possible. FLCCC created protocols using FDA-approved, safe, inexpensive, *repurposed* anti-viral medications like ivermectin and hydroxychloroquine.¹⁰³ **“Treatment should be initiated immediately after the onset of flu-like symptoms,”** per the FLCCC I-CARE early treatment protocol.¹⁰⁴

Various Covid-care physician groups have published COVID-19 protocols for prophylaxis, early treatment, and hospitalization. Many individual physicians have established local and telehealth Covid-care practices, including physician members and supporters of the Association of American Physicians and Surgeons (AAPSONline.org) and the Front Line COVID-19 Critical Care Alliance (FLCCC.net). Some of these physicians can also be found at **JointheWedge.com**, our online directory of independent practices, pharmacies and more.

Waiting to begin treatment increases the risk of hospitalization and death. It also increases the possibility that you’ll get Long Covid, a potentially debilitating condition that can strike even those with a mild SARS-CoV-2 infection, as noted in an article called, **“What Doctors Wish Patients Knew About Long Covid.”**¹⁰⁵

1. Initial symptoms may include, but are not limited to:

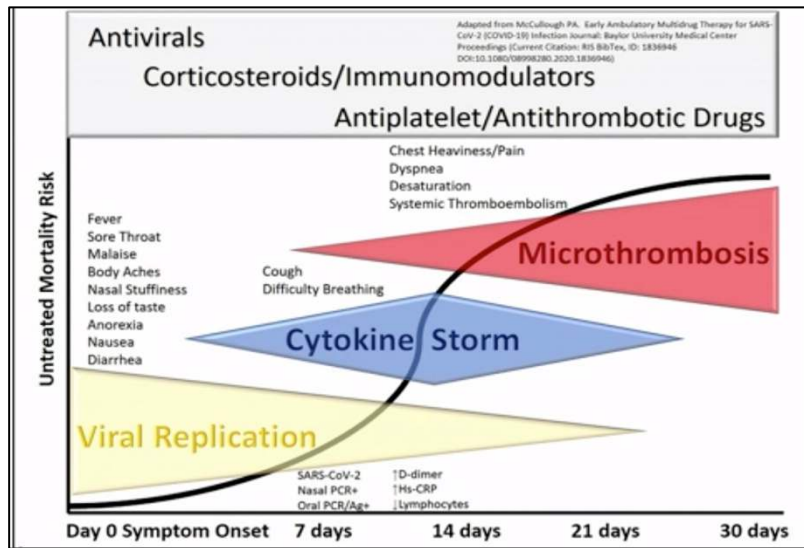
<u>DELTA</u>	<u>OMICRON</u>
Fever	Runny Nose
Cough	Sneezing
Fatigue/Malaise	Fatigue – mild or severe
Sore Throat	Sore Throat
Headache	Headache
Muscle or Body Aches	“Cold-like” symptoms
Loss of Taste or Smell	

NOTE: The estimated **incubation period** for COVID-19 has long been 2-14 days with a median of 5 days, per the CDC.¹⁰⁶ However, in August 2022, a Chinese study of 142 studies found “the pooled incubation period” was 6.57 days and ranged from 1.8 to 18.87 days.¹⁰⁷

2. Seek early aggressive treatment—regardless of variant.

- a. Even if your case feels “mild,” begin early, effective treatment.
- b. “When we looked at those patients who started treatment before day 7, we have a zero mortality with one hospitalization.” – **Brian Tyson, MD**, who helped treat 7,000+ patients.¹⁰⁸
- c. Start early treatment no later than 7 days after first symptoms—the earlier, the better.
- d. The virus replicates for 5-7 days (hasn’t been cultured after 8 days). — Dr. Urso, MD¹⁰⁹
- e. Others say viral replication lasts up to 10 days, and some say longer (*see chart below*).
- f. **“Treat first. Test later. Don’t wait for test results...Delay is what’s killing people.”** — Dr. Darrell DeMello, MD, who has treated more than 6,000 patients, with only 14 deaths.¹¹⁰

- g. Progression of COVID-19 if left untreated (*displayed during US Senate hearing, 12/8/20*):



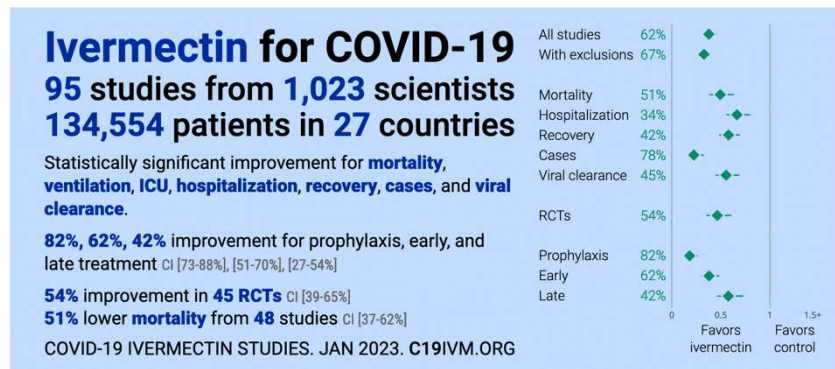
3. **If you get a Covid test, don't wait to start treatment.**
 - a. The CDC has already issued warning about the Covid test's reliability.
 - b. False positives and negatives can occur.
 - c. "Treatment should be initiated immediately after the onset of flu-like symptoms." (FLCCC)¹¹¹
 - d. It is essential to stop the virus from replicating.
 - e. Contact a "Covid-care physician" if you've not secured early treatment and for medical management of that treatment. (See PREVENTION AND PREPARATION section)

4. **Consider prophylaxis treatment for exposed family members, particularly in high-risk groups.**¹¹²
 - a. Age 65 and over
 - b. Obesity (Covid can infect fat cells¹¹³)
 - c. Diagnosis of diabetes
 - d. Multiple comorbidities (e.g., heart disease + cancer + COPD)
 - e. Children with high risk factors, including:
 - Morbid obesity
 - Diabetes
 - Compromised immune system (e.g., being treated for cancer)

5. **Begin monitoring blood oxygen saturation level and body temperature.**
 - a. Check "O2 sat" at least 4 times a day, and more, if necessary, per Dr. DeMello, MD.
 - b. Normal oxygen saturation of blood *by pulse oximeter* is 95 to 100 percent.
 - c. Average body temperature is 98.6 degrees (varies between 97 and 99 degrees).
 - d. Dr. Mollie James, DO, had a 41-year-old Covid patient with a fever of **109°F**.¹¹⁴
 - e. See below for instructions if oxygen saturation level drops below 90.

6. **Begin early and aggressive treatment to stop viral replication.**
 - a. 80-85% of Covid deaths could have been prevented by early treatment. (McCullough/Risch)
 - b. Options for early treatment are many, including ivermectin and hydroxychloroquine.

- c. Options change as virus changes: “There is a number of different effective treatments, it’s not just ivermectin. In fact, now I’m mostly using combinations. **I don’t usually get away with just ivermectin anymore.** I have to use quite a few different medications, especially if it’s later in the disease,” said Dr. Kory. While Dr. Steven Phillips, MD also finds ivermectin useful, it “**didn’t work quite as well for Delta” as for Alpha.**¹¹⁵
- d. Sequential multi-drug cocktail: “We do need to use multi-drug programs in the treatment of outpatient COVID-19,” which is typical for serious viral infections, says Dr McCullough.¹¹⁶
- e. Study: 13% of those treated with HCQ died compared to 26.4% not treated with HCQ.¹¹⁷
- f. If unable to secure medical management quickly, consult FLCCC.net protocols and use ETK.
- g. See **I-CARE protocol** for dosages.¹¹⁸ (covid19criticalcare.com/treatment-protocols/i-care/)
- h. Another early treatment option: the Global Covid Summit’s “**Life-Saving Protocol.**”¹¹⁹
- i. “When I say this is a treatable disease, this is a **treatable disease.** And there’s any number of mechanisms and compounds that we can use to treat it.” — Dr. Pierre Kory, MD¹²⁰
- j. **Ivermectin**, approved by the FDA in 1998,¹²¹ reduces Covid death by about 62 percent.^{122,123} In 32 **hydroxychloroquine (HCQ)** studies, the average benefit is 64 percent.¹²⁴
- k. Australian in vitro study found **ivermectin killed 99.8%** of virus with 1 dose in 24 hours.^{125,126}
- l. England’s medical doctor Tess Lawrie, MBBCH, PhD, says it’s a “**human right**” to have access to affordable, safe ivermectin.¹²⁷
- m. “Three billion patients; almost zero deaths.” – Dr. Richard Urso, MD, about ivermectin.¹²⁸
- n. Opinions vary on **how to take ivermectin.** Ask your doctor. Some say take it on an empty stomach, with nothing to eat or drink for two hours after that, to get the drug not only into the gut but also into the lungs, the nose, the throat, and the blood (Darrell DeMello, MD).¹²⁹ The Mayo Clinic also says ivermectin should be taken on an empty stomach.^{130, 131} However, FLCCC protocols direct it to be taken with food.¹³²
- o. Ivermectin has some anti-inflammatory and anti-clotting effects.
- p. There have been at least 95 studies on ivermectin, a drug with few side effects.^{133,134}



7. Suggested medical details to record for your doctor.

- a. Oxygen saturation levels from pulse oximeter – on and off supplemental oxygen
- b. Medication and response to medications - create a written record to not miss doses
- c. Daily weight (weigh in the morning before breakfast)
- d. Signs of improvement or decline – as YOU notice or deem them to be
- e. When you use supplemental oxygen – walking, after eating, all the time, sleeping?
- f. How do you feel? – better, worse, air-hungry, anxious, calm, antsy to get back to work?
- g. Sleep — number of hours, in what position (Upright? Proned? Reclined?)
- h. Dr. DeMello discourages sleeping on your back because this position encourages clotting within the body (See #12 below).
- i. How are you doing at eating (nutrition) and drinking (hydration)?

- j. Record mealtimes and approximate fluid intake (e.g., five glasses, two water bottles)
- k. Coughing? If so, what are you coughing up? (Color, clarity, etc.), and how has that changed?
- l. Unusual pains? Brain fog?
- m. Any unusual changes, including to eyes, vision, muscles, hair, heart rate, gut, strength, and more, which could be from the virus or the medications
- n. Anything else your doctor wants to know

8. Be aware of breathlessness (air hunger) despite chest muscles not being tired.

- a. Breathlessness during COVID-19 is due to a barrier between the air going into the lung's bronchioles and alveoli (air sacs) and the capillaries embedded throughout the lungs to grab oxygen from that air for distribution throughout the body, using the bloodstream.¹³⁵
- b. Covid breathlessness is typically not due to exhaustion of the patient's breathing muscles.

9. Reduce inflammation in gut — and avoid sugar.

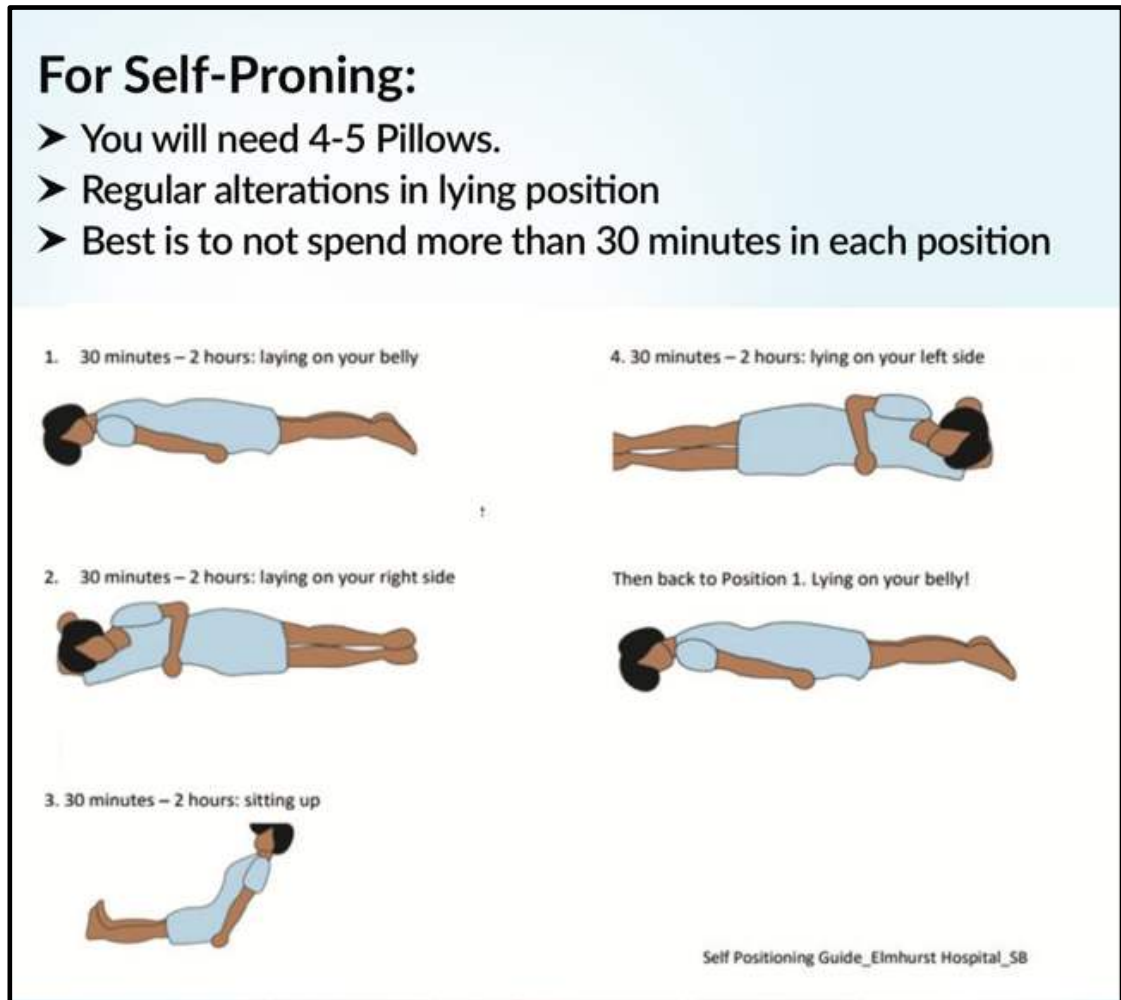
- a. Medical advice can differ.
- b. Ask your doctor to confirm the following advice from different doctors.
- c. "The thing to avoid is hyperglycemia. . . Whatever the spike protein disease is, it seems to feed on glucose," said cardiologist Dr. Peter McCullough, MD.¹³⁶
- d. Reducing sugar also reduces inflammation.¹³⁷
- e. If taking Prednisone, eat no sugar, soda, carbs, Gatorade, Pedialyte for a week because the sugars will "feed the disease." - per Global Covid Summit doctors¹³⁸
- f. Drink lots of water." - per Global Covid Summit doctors¹³⁹
- g. "No carb. Broth. Water. Steak. Fish or chicken. No sugar for as long as the patient is on prednisone" — Houston physician Dr. Richard Urso, MD¹⁴⁰
- h. Dhal (legumes) and rice – should be very overcooked
- i. All kinds of soups, especially yellow pumpkin soup
- j. Lots of yogurt and curds
- k. Lime juice; all juices
- l. Eggs; NO meats

NOTE: The above (f-j) were given by India's Dr. DeMello in answer to a question about diet.¹⁴¹

10. If oxygen saturation falls below 90 percent.

- a. Contact your doctor, but don't panic. Find out what is considered a low pulse oximeter reading and when should you be concerned. [Explained here¹⁴²]
- b. Peter McCullough, MD, says many hospital admissions are people who could be cared for at home, but instead got panicked by watching the pulse oximeter. He has often managed patients at home with oxygen saturation levels in the 80s.¹⁴³
- c. Consider **home-based oxygen therapy** using nasal canula, CPAP or BiPAP. [Explained here¹⁴⁴]
- d. Consider pressurized oxygen treatments in a **hyperbaric chamber**. Dr. Mollie James, DO, said it saved her brother. [Explained here¹⁴⁵]

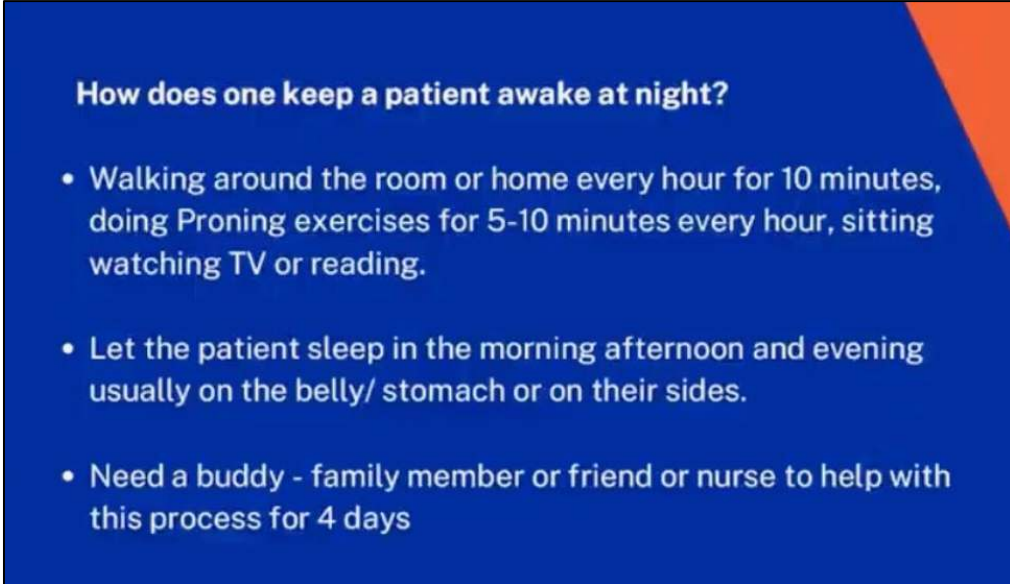
- e. Try proning “for better expansion of the dorsal (back) lung regions, improved body movement and enhanced removal of secretions which may ultimately lead to advances in oxygenation (breathing).”^{146,147} Others say it’s shifting blood flow to buy time.¹⁴⁸ See diagram:



11. Proning, deep breathing exercises—and staying awake.

- a. Prone, five deep breaths in, cough, five deep breaths, cough, prone for five minutes and deep breathe — shared by **Dr. Deborah Chisholm, MD** at the Covid Summit in Kansas.¹⁴⁹
- b. Using an **incentive spirometer** can help expand lungs.¹⁵⁰ (*available from online retailers*)
- c. To keep lung tissue inflated, and prevent blood clots (microthrombosis), take **slow walks** if possible. **NOTE:** Ivermectin and fluvoxamine can cause dizziness – walk with support.
- d. Why might a physician ask a patient to stay awake?
 - When a patient comes to him for treatment and they’re past the viral replication stage, **Dr. Darrell DeMello, MD** typically prescribes medications and may ask the patient to walk all night for one or more nights to help prevent the patient’s blood from clotting until the prescribed anti-clotting drugs can take full effect.¹⁵¹

- “**Keep the patient alive, keep the patient awake,**” is Dr. DeMello’s motto. A circadian rhythm study finds greater tendency to clot during the night, he said.¹⁵² See the following presentation slide from Dr. DeMello for DrBeen Medical Lectures:



How does one keep a patient awake at night?

- Walking around the room or home every hour for 10 minutes, doing Prone exercises for 5-10 minutes every hour, sitting watching TV or reading.
- Let the patient sleep in the morning afternoon and evening usually on the belly/ stomach or on their sides.
- Need a buddy - family member or friend or nurse to help with this process for 4 days

CRITICAL: If your oxygen saturation level drops below 90 percent on exertion, consider asking your doctor about obtaining **supplemental oxygen** to prevent potentially dangerous desaturation of oxygen in the blood when standing or walking (even to use bathroom). **Fatal heart attacks** from rapid and/or severe oxygen desaturation when standing up or on exertion have occurred, as Dr. Mollie James, DO, shared at a Covid Summit in Ocala, Florida on November 6, 2021.¹⁵³

HOSPITALIZATION FOR COVID-19 INFECTION

1. **Seek immediate medical care** if your illness is progressing and you are unable to find medical management by a physician committed to early, effective treatment for COVID-19, there's a sudden or severe drop in oxygen saturation level, or you have trouble breathing, bluish skin color, or unmanageable symptoms, or if you're uncomfortable staying home, simply want direct access to medical care, **or for any other reason**. If you are worried, or cannot connect with a doctor at home, do not hesitate to seek care at a hospital, an urgent care facility, or an emergency room.



2. **If it's an option, AVOID hospitalization** due to government and corporate restrictions on access to affordable, effective, life-saving treatment and due to hospital restrictions on families entering the hospital and acting as "bedside advocates" for the patient. FLCCC co-founder Dr. Paul Marik, MD, sued his hospital in November 2021 after it prohibited use of ivermectin and other lifesaving drugs.¹⁵⁴ **Be prepared with an answer about remdesivir (sometimes called VEKLURY)**. Remdesivir was developed to stop viral replication,¹⁵⁵ thus according to Dr. Richard Urso, MD at the November 6, 2021, Covid summit, it works against a virus only when it's replicating. The SARS-CoV-2 virus typically quits replicating by day 8, he said.¹⁵⁶ As discussed elsewhere in this Guide, most people do not enter the hospital with COVID-19 until after day 8, after the cytokine storm (caused by the viral particles¹⁵⁷) impacts the lungs and begins to interfere with breathing, typically starting by about day 8. See article, "Why Remdesivir failed": <https://journals.asm.org/doi/10.1128/AAC.01117-21>

If you are hospitalized and are not receiving effective care, transfer to another hospital, if possible. As an example, **Dr. Mary Talley Bowden, MD** in Houston, Texas, tweeted the following:

*"Update on **the patient** at @HCAhealthcare North Cypress who was on the verge of intubation. He was transferred to UMMC and is steadily improving on the **MATH+ protocol** under the care of Dr. Joe Varon."¹⁵⁸ (see photo above to the right)*

3. **Bring with you to the hospital and keep near you:**
 - a. 5 to 10-day supply of ivermectin – consult/bring FLCCC MATH+ hospitalization protocol
 - b. Other medications you already take, so you don't have to wait for the hospital to order it
 - c. CCHF COVID-19 QUICK REFERENCE GUIDE – paper or online
 - d. Covid Hospitalization Wishes (see above)
 - e. Communication, online, and recording devices with power cords and chargers
4. **Use prepared "Covid Hospitalization Wishes" document to make your wishes known.** (See *Prevention and Preparation for COVID-19*).
 - a. Provide family, other bedside advocate, or your power of attorney (PoA) with signed **"hospitalization document"**— or remind them where it's located.
 - b. Require hospital personnel to sign that they have received the document.
 - c. Complete hospital's PoA form to prevent the hospital from ignoring your PoA designation.
 - d. Get a copy of the signed document and give to your advocate, PoA, and/or lawyer.
 - e. Designate your "bedside advocate."

5. Try to avoid intubation and mechanical ventilation.

- a. “Mortality rate of critically ill COVID-19 patients is high, especially in those requiring invasive mechanical ventilation.” – article in *Critical Care*, February 2021.¹⁵⁹
- b. In a Vimeo video that went viral early in 2020, Dr. Cameron Kyle-Sidell, MD, an ICU physician in NYC, sounded the alarm, saying **ventilators were harming** patients and putting thousands of peoples’ lungs at risk.¹⁶⁰
- c. **Ventilators** are meant to assist patients whose muscles are too tired to breathe (respiratory failure), not patients who are breathing well but the oxygen is not sufficiently making it from the lungs into the rest of the body, which Dr. Kyle-Sidell called “oxygen failure.”
- d. For example, in an **EMCrit Zoom call** between four physicians on April 12, 2020, Dr. Kyle-Sidell answered this question from one of the other doctors: “How long do you go before you intubate them purely for hypoxemia [abnormally low level of oxygen in the blood]?” Having just come from the ER, Dr. Kyle-Sidell described a **“patient that was saturating in the high 30s—and I’m not lying—and he felt very well, and he was on his phone and his respiratory rate was around 20 and his blood gas showed a PaO2 around 30 and his lactate was 1.2.”**
- e. Given the patient’s very low oxygen level (hypoxemia), one of the other doctors asked him how he had handled the situation. He said, **“I left, and he was not intubated...He’s sitting in our resuscitation area, and he’s being monitored.”** He also said some other patients with *higher* saturation levels were not feeling as well as this patient and had to be intubated, noting that the response to the coronavirus seems to be very patient-dependent.¹⁶¹

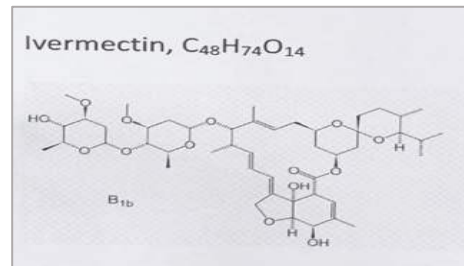
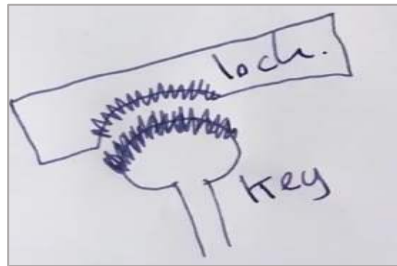
NOTE: PaO2 measures oxygen in the arterial blood. Normal is greater than 80.¹⁶² Normal lactate levels are 0.5-1 mmol/L.¹⁶³ When cells are deprived of oxygen, lactate levels rise.¹⁶⁴



Dr. Kyle-Sidell (pictured above) switched from the ICU to the ER because, despite his voiced concerns on Vimeo and elsewhere, the ICU continued to follow COVID-19 protocols that he felt put Covid patients on mechanical ventilation unnecessarily, endangering their lives:

*“I started to try to not [sic] my own protocols, but to treat patients as I would have treated my family, with different goals—which is to say, ventilation. However, these didn’t fit the protocol, and the protocol is what the hospital runs on with the respiratory therapist, with the nurses; everyone is part of the team. We ran into an impasse where **I could not morally**, in a patient-doctor relationship, continue the current protocols which, again, are the protocols of the top hospitals in the country. I could not continue those. You can’t have one doctor just doing their own protocol. So, I had to step down from my position in the ICU, and now I’m back in the ER where we are setting up slightly different ventilation strategies.” – Dr. Cameron Kyle-Sidell, MD, in an interview with Medscape.¹⁶⁵*

6. **Ask for what you want.** The goal is to stop viral replication and prevent the inflammatory and clotting phases of Covid. Since most hospitals haven't yet proven they can or will provide sufficient treatment to stop the deadly progression of COVID-19, ask the doctor at the hospital to use the MATH+ hospitalization protocol. (Find at [FLCCC.net](https://www.flccc.net)¹⁶⁶) **"Doctors must not be blocked from prescribing lifesaving medicine in the hospital . . . or to outpatients."** – Dr. Mollie James, MD.¹⁶⁷
- If your request for early and effective treatment is **denied**, ask to see that denial in writing and have it placed in your medical record. Ask for a copy of the note from your medical record that registers your request and their denial – and the reasons for the denial. Then consider transferring to another hospital that allows appropriate and effective Covid care.
 - Ivermectin** (see molecule structure below) essentially **coats the spike protein** preventing it from locking onto the ACE2 (angiotensin-converting enzyme 2) receptors of your cells, thus preventing the spike protein from injecting the RNA of the coronavirus into your cell. **This prevents viral replication.**
 - Dr. Kory testified in the U.S. Senate that "ivermectin is effectively a **'miracle drug'** against COVID-19."¹⁶⁸ At a later Covid Summit, he said ivermectin "binds tightly to the spike protein" of the virus.¹⁶⁹
 - As explained by **Dr. John Campbell** (nurse in U.K.) in a video, ivermectin coats the ACE2 receptors of your cells, providing a double barrier to the spike protein.¹⁷⁰ See below how the spike protein is unable to lock onto the cell's ACE2 receptor due to the ivermectin "coating" on both the spike ("key") and the cell's receptor ("lock").



- The family of a man intubated for a month **sued to force a Chicago hospital** to give him ivermectin. They won. He was released 15 days later. He had fully recovered.¹⁷¹

CAUTION: While ivermectin and fluvoxamine can have side effects when taken appropriately, fluvoxamine has FDA black box warning for mood swings /suicidal thoughts in the young.¹⁷²

7. Consider video or audio taping:

- If worried about lifesaving care being restricted, choices not being honored, or your chosen advocate being denied entrance
- If you wish to listen again to whatever the doctor or nurse said to you, videotape certain interactions with staff and/or install a recording system in the hospital room, as some families have done in long-term care facilities
- Options include:
 - iPad
 - Extra phone
 - Other recording devices

LEGAL NOTE: Know and carefully follow your own state laws on recording with or without the other person's consent and/or knowledge.

TREATING “LONG COVID”

‘Long Covid,’ previously called ‘Long Haul Covid,’ has been defined as any symptoms that are persisting 12 weeks or more after or during COVID-19 that cannot be explained by another diagnosis. The CDC defined it as having symptoms lasting **three or more months** after first contracting the virus.”¹⁷³ Other terms for this condition include chronic COVID-19, post-Covid, post-Covid syndrome, post-COVID-19, post-acute sequelae SARS-CoV-2 (PASC), or Post-Acute Coronavirus (or COVID-19) Syndrome (PACS).

As many as four million people may be out of the workforce due to long Covid, according to a January 2022 Brookings report.¹⁷⁴ In a study of 300 Swedish health care workers, eight months after infection, 15 percent had symptoms that interfered with work, social or home life. In a U.S. study of 1600 patients 60 days post discharge, 33 percent had persistent symptoms and 19 percent had *worsening* symptoms.¹⁷⁵ In June 2022, the CDC issued a press release saying, “nearly one in five American adults who have had COVID-19 still have ‘Long COVID.’”¹⁷⁶

“Long Haul Covid is only caused by one thing: undertreatment,” says Dr. Kory, FLCCC Alliance president.¹⁷⁷

According to the Front Line COVID-19 Critical Care Alliance (FLCCC): “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.”¹⁷⁸

Clots in the lungs can be a problem. Dr. DeMello’s process for tackling the clots: Wait for a month after the infection and then do a CT scan of the lungs. If the clotting is still present, treat with enoxaparin [Lovenox®] one per day for 10, 15, or 21 days. Give colchicine at the same dosage as was given from day one of the acute phase. “The combination of these two [drugs] cleans up the lungs...in 30 days and I’ve routinely cleaned up lungs...in two or three months at the most.” His goal is to prevent lung fibrosis. He says “the lungs are not going to clean up if you don’t clean up the clots. The earlier you clean up the clots, the better it is. Usually if you do it in the second month – the 30 to 60-day timeframe – you’ll have no long-term lung issues.”¹⁷⁹

1. **The importance of early treatment with medication – Dr. Darrell DeMello, MD:**

- a. “Most of my blood testing and my investigation, I spend time and money on the back end, at the end of one month to understand the damage that your body is left with and then fix it over the next month or two. So, I’m now not only doing acute Covid, I’m doing post-Covid treatment to ensure that nobody goes into a long haul. **In India, I think we’ve been very successful to prevent the long-haul, the classical long haul, because we all treat with drugs here.**”
- b. “Nobody is really left behind with just paracetamol [acetaminophen] and vitamins or told to go home and wait till you clot off or until your oxygen drops....”¹⁸⁰

2. **What creates long Covid?**

- a. According to doctors treating long Covid, inflammation due to circulating and lodged spike protein likely continues after initial Covid infection resolves.
- b. The micro-sized blood clots remain in the body causing fatigue, difficulty breathing, brain fog, decreased ability to exercise or exert oneself as one did before the virus (“reduced effort tolerance” per **Dr. Charles Hoffe, MD**), damaged blood vessels, and more. Watch the

video interview of five Canadian physicians, including stories by Dr. Hoffe of vaccine-injured patients. He said, “these spike proteins are toxic to our bodies.”¹⁸¹

- c. **Dr. Hector Carvallo, MD**, in Argentina, says there are two problems with long Covid, one due to the tissue damage from Covid, and the other due to Covid itself continuing into long Covid. Medical management is different for these two problems.¹⁸²
- d. Injected patients, whose bodies are forced by the mRNA to generate the spike protein that are then circulated through the body, can have symptoms similar to COVID-19, per **Dr. Bruce Patterson, MD**. He also says there are more than **215 symptoms** of long Covid.¹⁸³

3. CCTC description of long Covid at the cellular level:

Dr. Bruce Patterson, MD, CEO, and founder of IncellDx and a founder of the **Chronic COVID Treatment Center**, which has developed “The Longhailer Index,” describes the Covid cellular process to Dr. Mobeen Syed, MD during an interview for *DrBeen Medical Lectures*:



*“It’s because **non-classical monocytes carry Covid S1 protein** [spike protein subunit that binds to ACE2 site of human cells] **15 months after diagnosis**. These cells bind to blood vessel walls and endothelial walls through fractalkine and the fractalkine receptor that’s expressed on non-classical monocytes and cause inflammation. These can cross the blood brain barrier, of course, and cause vascular inflammation in the brain... [T]hese non-classical monocytes are mobilized by exercise and activity. And so here you have a cell carrying Covid protein, and no RNA by the way. ...There really isn’t any protein in these cells yet they express the S1 protein. **They are mobilized by exercise, and so of course to a person who’s a long hauler, they get worse after activity, after exercise.**” – Dr. Bruce Patterson, MD, June 24, 2021¹⁸⁴*

4. Ivermectin as a long Covid treatment option:

- a. FLCCC’s I-RECOVER management protocol for long Covid includes ivermectin.¹⁸⁵
- b. “Ivermectin is very, very useful” in the combinations of therapies used by the Chronic COVID Treatment Center. Dr. Bruce Patterson says the Center tends not to use it alone because “we want to interrupt the pathway. We want to treat the cause and not the symptoms.”¹⁸⁶
- c. [Covidlonghailers.com](https://www.covidlonghailers.com) – over 100 doctors are in the CCTC network, per Dr. Patterson.¹⁸⁷

5. How to stop or treat long Covid – Dr. Darrell DeMello, MD:

Dr. DeMello starts by looking at his Covid patients 30 or 36 days after the first symptoms to see if treatment is needed for long-Covid. He said:

I want to understand what is the damage left after the tsunami, the cytokine storm. So that gives me a perspective of the liver damage, the heart damage, the kidney damage, the tissue damage that may be there. **I don’t think, and I’ve not seen, long Covid continue if you treat it correctly upfront...**And I do treat the first 40 days very aggressively. Colchicine and Plavix continue for the balance 16 days, for the first 30 days and I may continue on Colchicine for the next 30 days again. So right up to 60, 90 days. The longest I’ve had a patient on

Colchicine was six months, but he had no tissue damage, no lung damage, no nothing. No brain issues for the post period. Most patients are fully normal, at least in my practice, at the end of three months.

The first month you'll have a certain group of patients who will be doing well, all their markers look great, so all I have them do is take one tablet of Colchicine a day for 30 days, and you're fine and then you're done. The second group which have tissue damage, which have [lab values] being high . . . again Colchicine is a fantastic drug for those patients.

I picked Colchicine for various reasons. One of the reasons is that it's a damn good drug for cardio--myocarditis. It's a good drug for myocarditis. So, it helps prevent myocarditis. So again, **let us use drugs that--that upfront, that make sense and we're able to prevent those long-term issues.**

The long-term issues after day 30 is more about cleaning up what's left behind. And it's not about treating the basic disease. By allowing Covid to fester--if you don't--see, **it's not the virus that kills the patient. It's the body that kills the patient.** It's the super overdrive of the immune response system, which hits the cytokine storm, which sets up clotting . . .

So, for me, it's not about the virus, it's about the body and the body's immune response. How do we prevent that? How do we reduce that? How do we treat that? How do we treat the consequences of that? **If I'm already treating the consequences of that upfront, there's very little left over.** So, I don't think we're going to have much long-term Covid at least beyond six months in India. In my practice I haven't had very many people beyond six months. Ninety-five, ninety-eight percent of them have recovered fully in three months.

I do have a few come back to me in four months or five months, saying "I'm getting headaches, I'm getting some body pain. Is this Covid? Is this not Covid?" Usually that goes away if you put them back on Colchicine. **Again, it's about treating the underlying inflammatory problem they have...**¹⁸⁸

If you come to me with a lung function test showing 50 percent fibrosis at one year, I tell you one thing: **It's not possible to clean up that lung.** If you come to me at two months or three months with a CT scan severity score of 15 by 25, **I'll clean it up...** (1:12:00)

NOTE: Besides Dexamethasone and Clopidogrel (Plavix), Dr. DeMello uses 1.0 mg of Colchicine in the morning after breakfast and .5 mg at night: "It works like magic." (1:05:00)

6. Importance of early aggressive treatment – Dr. Mobeen Syed, MD:

"If you are managing patients aggressively early, you are actually **prophylaxing them from becoming long Covid**, from having those sequelae, as Dr. Hector Cavallo says, and end up in a bad state. When I receive patients of long Covid, I feel there's some doctor mismanaged them. Not intentionally but maybe unknowingly, maybe not enough information. They mismanaged them. **If the management is done early and aggressively, long Cvids don't happen.**"¹⁸⁹ **NOTE:** Dr. Syed's comments follow Dr. DeMello's in the June 2021 video.

7. Why Dr. DeMello treats ALL Covid patients for 30 days:

In a September 2, 2021, interview, Dr. DeMello described two types of Covid: **Respiratory Covid**, which "hits the lungs" and **Constitutional Covid**, which impacts the brain, central nervous system, and gut, adding that those with Constitutional Covid are more likely to get long Covid. DeMello's redefined stages: **Acute Covid** in two parts (days 1-14; days 15-30), **Post Covid** (starts on Day 31) and **long Covid** (begins after six months). He treats all Covid patients for 30 days, right up front, with complete treatment, to avoid Post Covid and long Covid.¹⁹⁰

CONCLUSION

For most people, COVID-19 is a highly treatable disease. Preparation, prophylaxis, early treatment, and aggressive medical management before, and if necessary, during hospitalization, are essential for successful recovery from COVID-19. Peter McCullough, MD, MPH, and Harvey Risch, MD, PhD., have individually said 80 to 85 percent of Covid deaths could have been prevented by early treatment. The FLCCC Alliance says, “The relentless malpractice of deliberately withholding effective early COVID treatment, and of forcing the use of toxic remdesivir in hospitalized patients, may have unnecessarily killed up to 800,000 Americans.”¹⁹¹

Saving patient lives through treatment should be the goal. Although Covid injections have been hailed as the primary method to prevent infection and save lives, U.S. government officials now acknowledge—and real-world evidence demonstrates—that the injections given under FDA emergency use authorization (EUA) do not protect individuals from infection, stop transmission of the virus, reduce viral load, or eliminate severe Covid disease.^{192, 193} These gene-based injections come with additional concerns: insufficiently tested mRNA vaccine technology, reported serious and life-threatening adverse reactions, and known and unknown consequences of the damaging spike protein being generated by one’s own cells and circulated in the body.

In good news, natural immunity is at least 13 times more protective than “vaccine immunity,”¹⁹⁴ and various protocols significantly reduce mortality, such as Dr. Peter McCullough’s 2020 Covid protocol (“the first peer-reviewed published algorithm”)¹⁹⁵ and the Zelenko protocol, which was found to reduce hospitalization by 84 percent.^{196, 197} or the Tyson/Fareed protocol.¹⁹⁸ Studies also find that prophylaxis with ivermectin reduces infection by at least 85 percent and treatment with ivermectin reduces mortality by 62 percent.

Are you truly over COVID-19? Too many people who survived mild or serious Covid are not. They’re still coughing, exhausted, experiencing brain fog, having pain or gut issues, and more. Depending on the time elapsed from first symptoms, they likely have Long Covid, which should be treated sooner rather than later. While time will tell if those who live with these symptoms long term will eventually find restored health, there is no reason to wait to get well—and potentially serious reasons not to wait. Ask a Covid-care doctor.

Many who develop chronic Covid may feel disbelieved. Dana Parish, co-author of CHRONIC, has too often experienced this, saying, “Doctors follow guidelines. They don’t think critically, as a group.” She admits there are outliers, but her co-author, Steven Phillips, MD, also warns against today’s efficiency-focused medical training, which discourages listening to patients. Parish tells patients to believe in themselves and “keep looking.” After 12 doctors, Parish found Phillips, who treated her chronic illness and gave her back her life.¹⁹⁹

Not every patient gets their life back. Some have lost their lives because of “Covid politics.” After the FDA’s disinformation campaign against ivermectin began, one pharmacy refused to give the drug to Parish who’d been taking ivermectin since 2015 for chronic fatigue. She called it “the most successful propaganda campaign” she’s ever seen adding, “It’s a crime against humanity.”

This step-by-step *COVID-19 Quick Reference Guide* is intended to help you better understand COVID-19, find useful resources, make decisions about Covid prevention and treatment in a timely manner, and do everything you can, despite politically imposed barriers, to protect yourself, your family members, and the lives of those you love before, during and after a COVID-19 infection. For a quick overview, find the one-page “**QUICK-ACTION SUMMARY**” on the last page of this guide.

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ENDNOTES

NOTE: marked video times are approximate.

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ADDITIONAL CCHF COVID RESOURCES

[EarlyTreatmentOptions.org](https://www.earlytreatmentoptions.org)

[CovidLegal.org](https://www.covidlegal.org)

[JointheWedge.com](https://www.jointhewedge.com)

[PatientToolbox.org](https://www.patienttoolbox.org)

[RealRisks.org](https://www.realrisks.org)

QUICK-ACTION SUMMARY FOR COVID-19

Introduction – Understanding COVID-19

- Covid-19 is an inflammatory and clotting disease—not a lung disease.
- It begins as a viral disease, transitions to an inflammatory disease from immune system reaction to the viral particles (breakup of the virus), which leads to microclotting.
- It's treatable for most, especially if treatment begins early, in the first seven days.
- Common symptoms include can feel like the flu or a cold.

Prevention and Preparation for COVID-19

- Prepare an Early Treatment Kit (ETK), including ivermectin and hydroxychloroquine.
- Consider ivermectin and/or hydroxychloroquine as prophylaxis.
- Maintain a vitamin D level of no less than 50 ng/mL, preferably 55 to 60 ng/mL.
- Make an informed choice about the Covid injection (and boosters).
- Find a doctor who provides early, effective treatment. (EarlyTreatmentOptions.com)
- Find a pharmacy that will dispense ivermectin, particularly compounding pharmacies.
- Prepare a “COVID Hospitalization Wishes” document.
- Investigate alternative treatments, such as hyperbaric oxygen therapy (HBOT).

Treating COVID-19 Infection

- Begin aggressive early treatment, including medications in Early Treatment Kit.
- Don't wait for results from a Covid PCR test, says the FLCCC Alliance.
- Contact doctor willing to provide medical management and direct early treatment.
- Consult the FLCCC I-CARE early treatment protocol for drugs and dosing. (FLCCC.net)
- Monitor blood oxygen level, document all medical details, and don't panic.
- Consider prophylaxis for family members at high-risk.
- Use meds, proning, at-home oxygen and deep-breathing to try to stay out of hospital.

Hospitalization for COVID-19 Infection

- Go to hospital if illness progresses and outpatient medical management is not available.
- Take ivermectin, “Covid Hospitalization Wishes,” FLCCC MATH+ protocol, and this Guide.
- Try to avoid intubation/mechanical ventilation, which has proven hazardous to patients.
- Change hospitals if you're not receiving effective care or want to try other medications.
- Ask for what you want; record/videotape encounters accordingly, mindful of state law.

Preventing long Covid

- Treat the acute (early) phase of COVID-19 early, effectively, and aggressively.
- If symptoms remain after Covid, do not hesitate to seek care after acute stage began.
- The ability to avoid long Covid and to clear blood clots from the lungs and body depends on early treatment initially—and early treatment in the aftermath of the acute illness.
- Ignore those who say, “it's in your head.” Seek treatment. Your health depends on it.

Your gift of financial support is critical
as we work to protect freedom in
America. We truly cannot do this
without you!



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