

#### PARTIAL TRANSCRIPT

# Dr. Darrell DeMello Discusses Covid Outpatient Management [COLCHICINE FOCUS | PPT SLIDES]

Sept 17, 2021
Mobeen Medical Lectures
<a href="https://www.youtube.com/watch?v=43pOPZx-LQY">https://www.youtube.com/watch?v=43pOPZx-LQY</a>
Notes and transcription by Twila Brase, CCHF, Feb 12, 2022

#### **DEMELLO:**

Acute patients – now seeing only 2 – 4 a day post covid – lots of them, 15 days and one month (??)

The infection has come down drastically in India Still getting Covid, but in a milder fashion

Many MDs have finally learned how to treat the disease. Gov't efforts, state and national, allowed us to do it.

Dr, MoBeen Syed lives in California but practices in Pakistan, not in U.S.

COVID is an inflammatory disease that causes clotting.

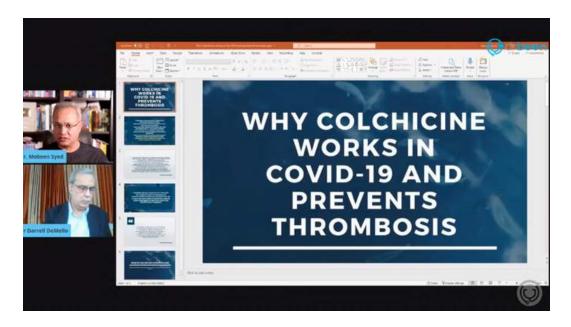
Disproved that Covid is a viral disease.

Enoxeparin (heparin), ivermectin – use multi-pronged approach

Trying to treat the effects of the body's overdrive of the immune system.

Can fix the tsunami in advance.

My success with Colchicine has been phenomenal.

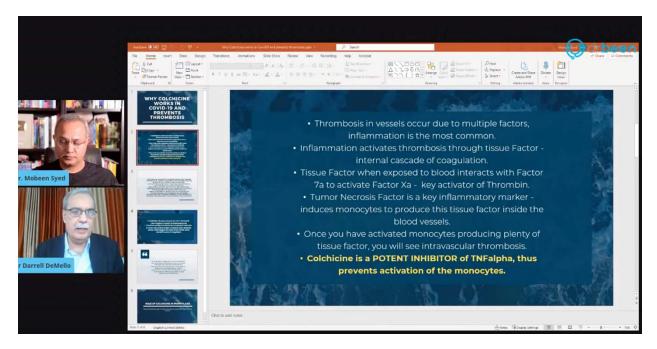


Colchicine comes from the "Autumn Crocus" plant

# Herbal remedy for joint pain, back to 1500 BC

Approved in the US in 2009 for gout (isolated in 1800s) Impacts interleukins: IL6, IL1A, and other

In the beginning of Covid (while he was researching it), I looked at lots of antiflammatory drugs. This is my target bombing drug (Colchicine), not carpet bombing. For carpet bombing he uses steroids like Dexamethasone and MethylPrednisolone.



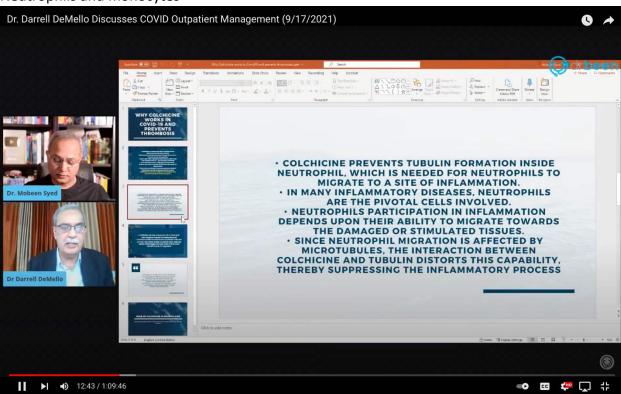
I always look for monocytes – anything over 7, 8, 9 or 10

**Colchicine prevents activation of the monocytes.** Can stop the clotting or thrombosis. Macro or micro clotting.

Covid in the lungs -

The inflammatory/clotting process (see next slide)

Neutrophils and monocytes -



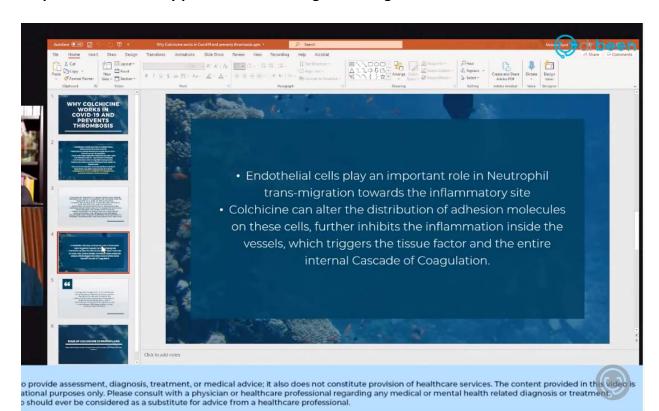
#### HOW DR. MOBEEN SYED DESCRIBED THE ACTUAL PHYSICAL PROCESS:

Colchicine blocks the migration of the cells from going to the inflammatory site where they're planning to go and where they'd amass into clots. To migrate, the neutrophils build microtubules on one side of the cell to shift the weight inside the neutrophil to one side while it dismantles microtubules on the other side, causing the neutrophil to roll in the direction of the heaviest weight. Colchicine freezes the cell and stops the building of the tubulins on one side and the dismantling them on the other side. The neutrophil is stopped from moving to the site of inflammation. -- This write up (above on the PPT slides) was given to DeMello in May 2020 by Dr. Alben Sigamani in India during his research on the best drugs to use for COVID-19. He chose Colchicine and has never looked back. It's been successful for him and his patients.

Titrate Colchicine down to 1 mg three times a week for **kidney failure** patients who then often only get asymptomatic covid.

Colchicine = Baseline drug that will help everybody in the world recover from Covid.

Stops the inflammatory process from leading to clotting.



Dr. Alben Sigamani (https://m.euclid.int/dr-alben-sigamani/) put these slides together for me.

I don't give 10 or 15 drugs. I don't try new drugs. I stay with a winning team.

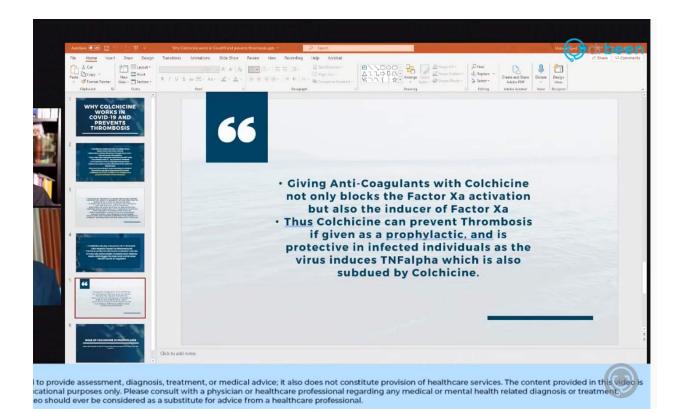
# Neutrophil is going to travel. Colchicine hampers it. We're stopping the whole cascade of coagulation.

I use steroids later -- day 8, 9, 10

7% of first 3000 patients got steroids. 20% of next 6,000 cases, especially as got worse cases.

Clopidigrel (Plavix)— to stop the platelet count. High platelets can start clotting.

We're blocking the inducer. Can prevent thrombosis.



It works in many ways to stop the clotting.

Low molecular weight heparin (Enoxiparin) – very successful.



Trying to cut down the side effects of VACCINE down to zero – stopping thrombosis and clotting in case it's going to mimic what the virus does.

From Mobeen Medical Lectures interview with Dr. DeMello on Sept 2, 2021:

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

### DOSES:

In gout – give 6 mg to 30 mg/day of Colchicine

## Covid – up to a maximum of 3 mg/day

1.0 mg and 0.5 – works the best (0.5 mg doses OTC available in India – US pills are 0.6 mg)

1.0 mg and 1.0 mg – sometimes for patients.

"This is an easy disease to treat."

"You'll have success. People don't have to die."

## KIDNEY CONCERN:

Process in the kidney. Not processed in the liver.

If serum creatinine is higher than normal, I will titrate it down.

On kidney disease – titrate it down (26:00)

Have to be careful with single and transplanted kidneys

Even a 0.5 mg will do if have a kidney problem because the amount in the blood is pretty high

**DEMELLO'S PRACTICE:** 

80 cases a day at the peak

April 16, 2021 – got 1400 calls, I missed 1200 of those. Didn't sleep.

Today 2-4 cases a day, plus lots of post covid cases.

Wave 3 will be ½ to 1/3 of wave 2. Will have wave 4, 5, 6 until everyone gets Covid

## Doctors in India are learning how to treat Covid early.

Will see U.S. cases come down after October 15 (TB TO CHECK IF HAPPENED!) – expect mid-Nov down to 25,000 to 40,000 a day.

This variant is less potent

Delta is less virulent than the early virus PROBLEM:

"People sit on their disease. They sit on their symptoms. They don't come to hospital. They don't report they have a problem. That's what kills them."

In U.S. add FOUR days if a person says they have a three-day fever.

Treat them like a day 8. Treat as advanced case rather than early case.

Early treatment is the bottom line.

Last year in May I was the only doctor in India treating Covid early.

If you treat early, you can stop the progression to thrombosis, stop the micro-clotting and you stop death.

# My death rate is so low. My admission rate is very low.

DRUG REGIMEN:

Colchicine
Ivermectin
Clopididrill (Plavix) – anti-platelet drug
Diclofinac (NO Ibuprofin)
Setrozine (prevent mass cell inflammation)
Enoxiparin injection with advanced Covid
Steroids if I have to – don't care which
Colchicine OTC in India, but not sure about the US

Colchicine is OTC in Pakistan.

Q: Is Eliquis blood thinner comparable to Colchicine? NO – Elliquis stops clotting when it's far advanced.

# Elliquis instead of Plavix, not instead of Colchicine

I've been using Colchicine since Day 1 on May 1, 2021

No drug interaction with Ivermectin. I use low dose ivermectin.

Can be taken together in low dose.

Diarrhea, granular psychosis? Yes, if at 10 mg. But at 1.5 mg or 2 mg that is really low dosage.

Q on Plasma Therapy – A: "Plasma therapy doesn't work."

I believe in preventing rather than treating.

- I give them Colchicine as prophylaxis for vaccine.
- Had 2 or 3 patients with Long Haul after 12 months.

Long Haul is 12 months and more. Those nerves have already been impaired from microthrombosis.

Anyone with "Constitutional Covid" could end up with Long Haul Covid.

Short course of low dose Dexamethasone if get a patient.

**BOTTOM LINE:** 

Stop that tsunami!

Let the virus come into your body, but...For me it's about stopping the body from exploding into flames.

DR. SYED on SIDE QUESTION: Leaky vaccine – never proven in humans. Vaccines do not generate viruses. It's not a new thing happening and it's not the vaccines causing this.

DeMELLO:

RE: Fenofibrate – Not as early treatment. If on it, I leave them on it, but don't add people to it.

I've been pretty conservative with how I approach this.

STORY: A couple who 3-4 months after Covid, he cannot exercise. She had pain in the breast. Probably nerve endings enflamed. Put both on Colchicine. If you know the root cause can treat it pretty well.

#### STOPPING BLOOD CLOTTING:

- Colchicine is anti-inflammatory which prevents clotting
- Plavix is an anti-platelet agent prevent platelets from adhering to each other
- Aspirin is a blood thinner that does NOT impede the platelets or the Factor 10 of the coagulation cascade.

DR. SYED on Vaccine Immunity:

Vaccines do produce mucosal IgA. Intramuscular may produce slightly less IgA.

When the immune system attacks an antigen, it produces IgM,. Then IgG, then other antibodies including IgA. . . . once the antibodies wanes, more prone to getting the infection in the mouth.

## Any studies on how Colchicine work – ColCoronna Study

#### DEMELLO:

Every patient (of his) who's died has had Vit D level of 10 or 20.

Thus, I went with Vit D level at 60 and above...and less than 100.

Mild or asymptomatic covid if 60 or over.

The only way to reach herd immunity is 80-90 percent of the population getting infections. Simply need to reduce the severity of the disease. Will happen over time. **The whole world will get Covid in the next two to three years.** 

Give yourself a healthy body to tackle Covid.

Respiratory infection itself would create higher immunity, but infection is dangerous with Covid. It is deadly. So, infection is second best after vaccine.

Quercetin – never used it in my practice with Covid

The mRNA produces antibodies to the spike protein. The natural infection produced natural immunity. That's the immunity that everyone needs to have. Vaccines are supposed to reduce the severity of the disease. The vaccine will not make you immune to covid. Still liable to get Covid. We do not know to what extent that severity will happen or be reduced.

<sup>&</sup>quot;You're going to get Covid someday."

Milan study -1 in 100,000 reinfection rate = as good as zero.

Q: Do you have a protocol listed?

No, DeMello has not listed it anywhere

"I do not list my protocol officially."

I do regular webinars and willing to share experience

DeMello on antihistimines – uses Zyrtec mostly

"Post vaccine event" – prescribes Colchicine, and sometime add Dexamethasone.

"There are post Covid issues, There are post vaccine issues. Let's recognize it and treat it."

Get your Vitamin D up -- one of the factors for why India cases may have fallen so sharply.

**END**