

# Covid Assist International Protocol Summary

Version 6.0 Nov. 2021

## Stage One (viral phase)

B"H

Early treatment, For initial symptoms. "Must start immediately"

Entire multi drug and supplement cocktail is needed to cover and properly treat the various aspects of the disease

## Medications

<b>Ivermectin</b>	0.4 mg per kilogram daily (until recovery), best with (fatty) food. [If expecting <sup>1</sup> (or nursing) consult a doctor].
<b>Budesonide</b>	0.5 mg twice daily, via nebulizer.
<b>Aspirin</b>	325mg, daily (take with food), or more ideal <b>Specific Enzymes</b> (see below). [if no history of bleeding or ulcers].

## Supplements

<b>Vitamin D</b>	10,000 IU a day, until recovery. [vitamin D blood level should be at least 50, if lower - higher doses are necessary] <sup>2</sup> .
<b>Vitamin C</b>	(powder or liposomal) 5 to 12 grams - in divided doses, 1g an hour. [If diarrhea is present, decrease the dose].
<b>Zinc</b>	100 mg a day, for 10 days, then decrease to 50 mg a day.

## Additional Important Supplements

<b>Glutathione</b>	(Only Pure V) 2 capsules nebulized with saline 2-3 times daily. [In stage 2, a double (or triple) dose].
<b>Quercetin</b>	(phytosome) 500 mg, 2 (or 3) times daily.
<b>Ginger juice</b>	one oz. 3 to 4 times a day. Not on an empty stomach. (Freshly squeezed. Can be preserved in freezer).
<b>Melatonin</b>	10 mg at bedtime, (start with low dose).

## Other Medications

<b>Antibiotics</b>	10 days, <b>Doxycycline</b> - 100mg every 12 hours, or <b>Azithromycin</b> - 500mg daily. [For pneumonia See stage 2].
<b>Nitazoxanide</b>	500mg 2 times daily, for 5 days, after meals (substitute/combo for Ivermectin).
<b>Hydroxychloroquine</b>	200mg 2 times daily, for 5 days (most effective early on).
<b>Fenofibrate</b>	145 mg daily, for 10 days.

## Other Supplements

<b>Vitamins</b>	<b>NAC</b> - 600 mg 3 times daily. <b>B complex</b> - Once a day (morning). <b>Magnesium</b> - 400 mg daily.
<b>Nutritions</b>	<b>Curcumin</b> - 500 mg 2-3 times daily. <b>Honey</b> - (raw preferred) 3 tablespoons daily.
<b>Enzymes</b>	3 <b>Enzyme Defense</b> , extra strength (Enzymedica), 2 <b>Nattovena</b> (Arthur Andrew Medical) <sup>3</sup> - 3 times daily <sup>4</sup>

## Cautions

<b>Oxygen level</b>	Important to have a <b>pulse oximeter</b> handy, to check oxygen levels, especially from day 4-5 and on.
<b>Dehydration</b>	Must drink a lot (best warm), preferably <b>electrolyte fluids</b> , sometimes may need <b>IV fluids</b> .
<b>Diarrhea</b>	If present <sup>5</sup> , address with available medications (Imodium, Pepto-Bismol, Bentonite Clay).
<b>Atmosphere</b>	Important to be in a <b>warm</b> moist environment. Also relax, eat, drink, and sleep plenty.

1. For patient with preexisting medical conditions, on other medications, or if expecting (or nursing), some medications and supplements may need adjustment. It's also very important for them to start early treatment, due to their limitations. Expecting and nursing patients are much more prone to suffer from dehydration.
2. Studies showed that a vitamin D blood level of over 50 prevented and strongly lessened the impact of the disease. Therefore even prior to contracting the virus it is crucial to bring up the vitamin D level.
3. When expecting change the Enzymes to 3 Neprinol AFD and 2 Serratia - 3 times daily.
4. Take with 8oz. of water on an empty stomach (take minimum one hour before eating, and two hours after eating).
5. Although Augmentin and other antibiotics can cause diarrhea, still it should not be avoided when needed. The diarrhea can be prevented with good probiotics and treated if necessary.

## Stage Two (immune reaction phase)

Congestion, Pneumonia, Inflammation, Coagulation, Low Oxygen

<b>General treatment</b>	Must continue entire 'stage one treatment' (above) – very important.
<b>Blood work</b>	Check: CBC, CMP, CRP, ESR, Ferritin, D Dimmer, Vitamin D Level. [sometimes PT PTT INR is important].
<b>High dose Ivermectin</b>	Increase dose to 0.6 mg per kilogram daily, until after recovery.

### For Congestion<sup>6</sup>

<b>MucinexDM</b>	600 mg Twice Daily, (or as needed), or other Expectorant medications (to thin/loosen mucus),
<b>Nebulizer</b>	Saline, Albuterol, Budesonide, Glutathione.
<b>Vaper/steam</b>	Use vaporizer (can add essential oils) and steam showers etc.
<b>Essential oils</b>	(Eucalyptus, Peppermint, Oregano, etc.) in a carrier oil, rubbed on the chest.
<b>Chest PT</b>	Tapping on chest and back.

### For Pneumonia (high fever, shortness of breath, deep dry cough, or other symptom or indication of pneumonia)

<b>Antibiotics</b>	"Must change Antibiotics" <sup>7</sup> to <b>Augmentin</b> 875mg twice daily, for 10 days, or <b>Levaquin</b> 500-750mg once a day, for 7 to 10 days. If no improvement after 24 to 36 hours, antibiotics must be further adjusted. [Sometimes multiple or more powerful antibiotics are needed].
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### For Inflammation (low oxygen, worsening of all symptoms - weakness etc., Elevated Ferritin/CRP/IL6 levels)

<b>Steroids<sup>8</sup></b>	(Start with) 6 mg <b>Dexamethasone</b> , if no improvement, increase dose, and/or change to IV/IM. Consider a change to <b>Methylprednisolone</b> (better for lung inflammation), Loading dose 80 mg then 40 mg every 12 hours. For severe cases consider pulse doses <sup>9</sup> (80 - 125 mg 2-4 times daily).
<b>IV Vitamin C</b>	Start with 10 grams (1 hour infusion) first day, then 25 grams (4-hour infusions) for several days.
<b>Budesonide\Glutathione</b>	Increase Nebulized <b>Budesonide</b> to every 2 hr. and increase dose of nebulized <b>Glutathione</b> in saline.
<b>Additional Therapeutics<sup>10</sup></b>	Baricitinib, Tocilizumab, Fluvoxamine, Atorvastatin, Cyproheptadine, Famotidine, Stem Cell Therapy.
<b>Additional Supplements</b>	(In addition to stage one supplements) Thiamin (IV preferred), High dose Melatonin, Boswellia, Bromelain, Omega 3, A1 mineral water.

### For Coagulation (high D-dimmer/fibrinogen)

<b>Blood thinner medication<sup>11</sup></b>	Eliquis, or Lovenox injections, dosage depends on the level of coagulation (D-dimmer levels). Alternatively, <b>Fibrinolytic Enzymes</b> - Nattokinase 8000 FU 3 times daily <sup>12</sup> on empty stomach, (monitor D-dimmer levels).
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### For Low Oxygen Levels

<b>Supplemental oxygen</b>	As needed. (Under 6L - use nasal canula, over 8L - use non-rebreather mask).
<b>Prone position</b>	Very effective for most patients (counterproductive for some patients).
<b>Breathing Therapy</b>	Good Breathing Therapy can improve lung function and help bring up oxygen levels.
<b>Treat underlying issues</b>	Low oxygen levels are "a result" of one or several of the above issues (Pneumonia, Inflammation, Coagulation, congestion) and therefore treating it appropriately will automatically bring an improvement to the oxygen level.

Accordingly low oxygen levels are an indication of the existence and the "urgent need to treat the above underlying issues". Only treating the low oxygen (with supplemental O2) is not sufficient for recovery and prevention of further deterioration.

6. Fresh ginger juice and NAC are also very beneficial congestion treatments.
7. This is due to the high prevalence of a co-bacterial pneumonia, that only responds to the following broad-spectrum antibiotics. Anti viral treatments (ivermectin, nebulized Budesonide, nebulized diluted food grade H2O2, Vit. C etc.) will help fight the viral lung infections, and the treatment for an organizing pneumonia is steroids.
8. Important notes for steroid therapy: (1) should be given consistently, (2) until inflammation under control, (3) tapered down slowly, (4) monitor blood sugars.
9. For a short duration only, then adjust according to patient's inflammatory markers, and clinical condition. Excessive 'unnecessary' high steroids is counterproductive.
10. Especially in situations where the regular medications (High dose Ivermectin, Steroids, IV vit. C, Nebulized Budesonide) and supplements failed or are avoided.
11. To prevent bleedings, especially with higher doses of blood thinner medications, its recommended to take a PPI anti-acid medication.
12. Re-adjust dosage if taking additional enzymes combinations, like Sarrepeptase etc. see above.